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ABSTRACT

This document presents witnesses' testimonies and prepared statements from the Congressional hearing conducted on H.R. 457, the Youth Suicide Prevention Act, legislation which would authorize funds to be reserved from the Secretary's discretionary fund in the Chapter 2 Program for youth suicide prevention programs administered in the Department of Education. Opening statements are included by Representatives Augustus Hawkins and Marge Roukema. Witnesses providing testimony include: (1) Representatives Gary Ackerman and Tom Lantos, two Congressmen who introduced the legislation; (2) Tom Kavanaugh, director of special services, Franklin School, Bergenfield, New Jersey, who was the psychologist responsible for coordinating the postvention efforts after the multiple suicides of four adolescents in Bergenfield in March, 1987; (3) Warren Hagberg, California Parent Teacher Association, Burlingame, California; (4) Joanne Brokaw-Livesay, member, board of directors, Youth Suicide National Center, Washington, D.C.; and (5) Beverly Kay Celotta, president, Celotta, Jacobs, and Keys Association, representing the American Association for Counseling and Development, Washington, D.C. Prepared statements, letters, and supplemental materials submitted for the record are included. (NB)

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ED297248

HEARING ON H.R. 457, THE YOUTH SUICIDE PREVENTION ACT

HEARING

BEFORE THE

SUBCOMMITTEE ON ELEMENTARY, SECONDARY, AND VOCATIONAL EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

FIRST SESSION

ON

H.R. 457

HEARING HELD IN WASHINGTON, DC, MAY 13, 1987

Serial No. 100-44

Printed for use of the Committee on Education and Labor

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HEARING ON H.R. 457, THE YOUTH SUICIDE PREVENTION ACT

WEDNESDAY, MAY 13, 1987

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON ELEMENTARY, SECONDARY,
AND VOCATIONAL EDUCATION,
COMMITTEE ON EDUCATION AND LABOR,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:35 a.m., in room 2175, Rayburn House Office Building, Hon. Augustus F. Hawkins (chairman of the subcommittee) presiding.

Members present: Representatives Hawkins, Roukema, Martinez, Hayes, Goodling, Kildee, Williams, Solarz, Gunderson, and Sawyer.

Staff present: John Jennings, counsel; Nancy Kober, legislative specialist; Beverly Griffin, staff assistant.

Chairman HAWKINS. The Subcommittee on Elementary, Secondary, and Vocational Education is called to order.

The committee today is conducting a hearing on H.R. 457, the Youth Suicide Prevention Act. This is reintroduction of a bill which the committee favorably considered and the House passed last year. This legislation has been introduced by Congressman Ackerman, Congressman Lantos, Congressman DioGuardi, Congressman Kildee, and now has several other cosponsors.

The Chair would like to take this opportunity to commend the sponsors of this proposal for their longstanding concern about the issue. I would like also to commend our distinguished colleague, Congresswoman Roukema, for requesting that the subcommittee conduct this hearing. The legislation would authorize funds to be reserved from the Secretary's discretionary fund in the Chapter 2 Program for Youth Suicide Prevention Programs administered in the Department of Education.

This morning we have several distinguished colleagues from the House and a most distinguished colleague from the Senate in addition to the panel composed of interested citizens, and we will call on them in the order in which they have been scheduled before the committee. My understanding is that the Honorable Gary Ackerman, Member of Congress and a former member of this committee is present and is our first witness. Gary, we're delighted to have you. We regretted that you escaped from this committee some time ago. After the testimony that you will be presenting to us, we would certainly invite you to join the members at the dias after the presentation, so that you may participate in the rest of the hearing today. I know of your devotion to this subject matter and the pioneering efforts that you put forth. We'll look forward to your testimony.

May I yield, however, at this point to Mrs. Roukema, who has been very diligent in asking for this hearing and quite concerned about the subject, and it was at her request that we have scheduled this hearing today.

Mrs. ROUKEMA. Mr. Chairman, I want to express my deep appreciation to you for granting my request in holding these hearings. As you may know, and this audience should know, the tragic suicides of the Bergenfield youth in March of this year when four young people engaged in a suicide pact, happened in my district, the Fifth Congressional District of New Jersey.

It is clear to me that while much has already been done by health and educational professionals in this field, there is still a good deal more to be done and a definite need for a broad federal response to the national problem of suicide prevention. It's not unique to Bergenfield, it's not unique to New Jersey. The statistics demonstrate that it is a national wide problem.

It was interesting, very shortly after this experience, this tragedy occurred in New Jersey, I had the opportunity here, Mr. Chairman, here in Washington, to address a group of students. They were here on a Washington workshop week, I believe, and the issue, of course, was general legislation. But, I took the opportunity to address the young people on the subject, because it was obviously an issue that was on everyone's mind. And the responses I got on how effective the educational programs in your school on drug and alcohol abuse and/or suicide are, were wide ranging and interesting.

But, I thought it was best summarized by one young man who didn't focus his remarks on the quality of the educational programs, but he did say, and I think reflected the opinion of most, "Congresswoman, the world is moving too fast." I got to thinking about that, and I said to myself, the boy was right. The world is moving too fast and what he was saying in his own way is, that there are lots of choices and relatively few standards for young people today.

Well, today we're here as legislators and we at the federal level are limited in what we can do to help these young people with their choices and reestablish standards for them. But, we can be supportive of the families, the religious institutions, our schools and other community activities in the work that they do in helping young people. And I believe that's what this hearing is about. How we can focus best on the federal role.

I'm a cosponsor of Congressman Ackerman's bill and we are delighted to have him here today. I think he has led the way here with his proposal, and we'll leave it to him to explain his reasons and exactly how he feels his proposal can best be implemented. And, I am also here to say that I am very happy that you, Mr. Chairman, were helpful in passing the Roukema Amendments to the Education Title of the Anti-Drug Abuse Act of 1986, which would incorporate youth suicide prevention programs as part of that bill.

Unfortunately, it has taken a tragedy such as we have had in New Jersey to focus federal attention on the problem. But, my amendments recognize the connection between drug problems and other problems, such as suicide, that face our youth.

There is no doubt that suicide among teenagers is among the most serious of social problems we face in that group of young people from 15 to 24. The number of young people taking their lives has increased vastly in the last decade.

I am especially eager and happy to have the witnesses here today, all of them. Especially Congressman Ackerman and very specifically, Dr. Tom Kavanagh, a constituent of mine and a Director of Special Services for the Bergenfield School District. He has demonstrated in his response, and the school's response, to the Bergenfield suicides that he is not only a competent educator and psychologist, but a very sensitive human being who brought the best of human qualities, as well as the best of professional qualities to bear upon the problem, as the issue disrupted the community life of Bergenfield. I'd like to point out that, before his service in the school system, he had a private practice and worked with community mental health centers in the area, and I've just learned today that he has had occasion to work with my husband, Dr. Richard Roukema. He has received advanced degrees from two fine schools in New Jersey, a masters' degree from Seton Hall, and his doctorate from Rutgers University.

I am pleased to welcome you here, Dr. Kavanagh, and especially pleased to thank you publicly for the fine work that you're doing for our young people.

Thank you, Mr. Chairman.

[The opening statement of Hon. Marge Roukema follows:]

OPENING STATEMENT

THE HONORABLE MARGE ROUKEMA

Subcommitee on Elementary, Secondary and Vocational Education

Hearing on Teen Suicide Prevention

May 13, 1987

MR. CHAIRMAN: I first want to commend you and thank you for agreeing to my request to hold these hearings today on a matter which has tragically touched my Congressional District; that is teen suicide. As many of you are aware, in March of this year four young people in Bergenfield, New Jersey, committed suicide together.

It is clear that while much has already been done by health and educational professionals in this field, there is still a need for a broad federal response to the national problem of suicide prevention.

Recently, right here in this room, I addressd about 100 high school students from across the country. They were participating in a Washington seminar program. The Bergenfield suicides were freshly in mind, so I used the opportunity to provoke a discussion on the growing problem of teen suicide and drug and alcohol abuse with the kids. It was an interesting exchange. There were many good comments.

I think the most telling comment came from one young gentleman from New York State as he talked about the various pressures exerted by his family and society in general. He said, "Congresswoman Roukema, the world is moving too fast!!" The world is moving too fast. The boy is right. But, I believe what he was saying...in his own way...was that there are too many choices to be made by young people and too few standards.

But today I must speak to you as a legislator. We, at the federal level, are limited in what we can do. We can be supportive of the work being done in individual families, churches, synagogues and schools. But, as legislators we must ensure that all possible and appropriate federal resources are brought to bear. Specifically, we can use the broad scope of the federal government to marshall the best minds and the best programs on preventing youth suicide. This information can then be shared nationwide to other interested states and localities.

I am a cosponsor of the bill introduced by our colleague from New York, Congressman Gary Ackerman, which would establish a separate, $1 million demonstration grant program for suicide prevention programs. We were successful in passing the Roukema amendment to the Education title of the Anti-Drug Abuse Act of 1986 which would incorporate youth suicide prevention programs in the authorized drug abuse prevention programs. In fact, the Borough of Bergenfield, its school district, and local mental health professionals are joining together to seek a grant from the Department of Education under this program.

Unfortunately, it took a tragedy such as we have had to focus federal attention on this problem. My amendment recognizes the connection between drug problems and other problems facing our young people. However, I strongly believe we must address this problem head on, not only as a subset of another problem.

There is no doubt that suicide among teenagers is among the most serious social problems in that group. Suicide is a leading cause of death among persons between the ages of 15 and 24, second only to traffic fatalities. The number of young people taking their lives has increased greatly in the last few decades.

I am pleased to hear the witnesses today. Their expertise in this area will help to shed some light on this serious problem among our young people.

Very specifically, I am pleased that Dr. Tom Kavanaugh, a constituent of mine, and Director of Special Services for the Bergenfield School District. He is a psychologist who has served the Bergenfield School District for 15 years. Prior to his service with the school system, he had a private practice and worked with the community mental health centers. He has received advanced degrees from two fine schools in New Jersey, his masters' degree from Seton Hall, and his doctorate from Rutgers. I am pleased today to welcome Dr. Kavanaugh to this hearing and am greatly looking forward to the personal expertise which he will offer us.

Thank you again, Mr. Chairman, for your consideration in this matter.

Chairman HAWKINS. Thank you, Mrs. Roukema. I see that our colleague, The Honorable Tom Lantos has joined us. Tom, would you kindly be seated at the witness table?

The Chair will now proceed to hear from our colleagues, beginning with Mr. Ackerman. Your prepared statements will be inserted in the record immediately following your oral presentations.

Mr. Ackerman?

STATEMENT OF HON. GARY L. ACKERMAN, A U.S. REPRESENTATIVE FROM NEW YORK

Mr. ACKERMAN. Mr. Chairman, thank you very much. I appreciate the very warm welcome that you've accorded us today.

Mr. Chairman, on behalf of the 5,000 children who testified with their own lives during the past year since we first convened hearings on this bill, and on behalf of the 500,000 others who attempted suicide, and also on behalf of their parents and family, and friends, we want to thank you for convening this hearing on H.R. 457, the Youth Suicide Prevention Act.

In fact, Mr. Chairman, I appreciate the opportunity to testify on an issue that is truly critical in importance to me, not only as a Member of Congress concerned about America's youth in general, but as a father of three beautiful teenagers.

We're here today because we must bring the ugly topic of suicide out of the closet once and for all. We must talk about it honestly and openly. It is an issue that can hit home for all of us; Members of Congress, Democrats, Republicans, those of us with kids of our own, or with nieces and nephews, or those of us with friends.

Suicide appears to us as completely irrational and knows no bounds. It hits families which are seemingly happy and stable, wealthy or poor, in cities and suburbs all across the country.

With a crisis of such magnitude, many people seem frozen in inaction, unable to deal with these tragedies. Today, though, we are here to break out of that mentality by committing the will and a very small part of our resources to reducing the magnitude of the calamity.

Mr. Chairman, I would like to take note of the fine work of Charlotte Ross, the executive director of the Youth Suicide National Center, who has been my teacher on this most complex and important subject.

Approximately 1 year ago, Mr. Chairman, you had great success in shepherding the Youth Suicide Prevention Act of 1986 on the Floor of the House. It passed unanimously. Unfortunately, the Senate did not even consider the measure prior to its adjournment. Now, 5,000 lives later H.R. 457 is identical to last year's measure and it carries the bipartisan sponsorship of over 75 Members of the Congress.

Within the past 4 years, Tom Lantos, Joe DioGuardi, Marge Roukema and myself have tried to shine the spotlight on the tragedy of youth suicide. Congress and the American people must be reminded constantly that suicide is the No. 3 killer of our young. We must continue our efforts to increase public awareness of the severity of the suicide epidemic.

Since last year's House passage of the Youth Suicide Prevention Act, communities throughout the country have been rocked by tragedy after tragedy, youngsters choking off their own lives. Numbers alone cannot convey the desperation of a teenager steering his car off a highway, or the isolation of a young girl crouching on the floor of her bathroom with a lethal dose of Seconal.

The suicides in Bergenfield, New Jersey made big headlines, but what about the suicides that go unreported by the media. The Bergenfield tragedy was only 4 of over 5,000 deaths.

How many of us realize that the number of adolescent suicides exceeds the casualty rate in the Vietnam War on an annualized basis? Fifteen times a day, even once during the time of this hearing, some young person purposefully ends his own life.

Given a chance, our schools and our communities can recognize the silent cries of a troubled teenager, though at times the cries are faint and we turn away. We need to listen to their muted screams before it is too late.

Mr. Chairman, let me briefly summarize a few vital points on this subject, developed at a recent suicide prevention conference, the Workshop on Education.

One, children who are at risk of committing suicide often attempt to communicate that risk to people with whom they are in contact.

Two, very often a special relationship exists between children and school personnel, teachers and administrators.

Three, schools are a prime area of contact with children, their parents and friends, and we must play a central role in prevention programs.

And, four, school system personnel should gain a level of training that would enable them to recognize children at risk of committing suicide.

Our bill, H.R. 457, satisfies the Education Workshop's findings, and does more. The legislation includes community based nonprofit organizations as part of its multipronged approach.

It establishes a discretionary grant program, within the Department of Education, to assist local education agencies and private nonprofit organizations in establishing and operating youth suicide prevention programs. Given the scarcity of Federal funds, the act creates a 3-year demonstration program, which will support promising efforts to deal with this national problem.

The additional cost of this legislation in 1988 is absolutely nothing. In fiscal year 1988, the $1 million will be allocated from the Secretary's Discretionary Fund, and in fiscal years 1989 and 1990, such sums as are necessary may be appropriated.

The primary focus of H.R. 457 is training, which can be utilized by school personnel such as counselors, teachers, administrators and peer leaders. Key to the success of this legislation is the ability of mental health professionals and community leaders to become involved in the delivery of necessary help to youngsters at risk.

A family fight, a floundering romance, a failed test—each of these experiences can prove to be fatal to some youngsters, hopeless, helpless and desperate, they unfortunately see only one way out of their painful situation.

Mr. Chairman, the loss of life is tragic. The loss of a child is devastating. The self-inflicted death of a youngster is an unthinkable horror. Yet, think we must, so we can begin to understand it, to recognize it, and in some case hopefully to prevent it.

Mr. Chairman, thank you very much.

[The prepared statement of Hon. Gary L. Ackerman follows:]

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Gary L. Ackerman
Congress of the United States
7th District, New York

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STATEMENT OF CONGRESSMAN GARY L. ACKERMAN

THE YOUTH SUICIDE PREVENTION ACT

MAY 13, 1987

MR. CHAIRMAN, ON BEHALF OF THE 5,000 CHILDREN WHO TOOK THEIR OWN LIVES WITHIN THE PAST YEAR, ON BEHALF OF THE 500,000 WHO ATTEMPTED SUICIDE, AND ON BEHALF OF THEIR PARENTS AND FRIENDS, I THANK YOU FOR CONVENING THIS HEARING ON H.R. 457 -- THE YOUTH SUICIDE PREVENTION ACT.

IN FACT, MR. CHAIRMAN, I APPRECIATE THE OPPORTUNITY TO TESTIFY ON AN ISSUE THAT IS TRULY OF CRITICAL IMPORTANCE TO ME NOT ONLY AS A MEMBER OF CONGRESS CONCERNED ABOUT AMERICA'S YOUTH IN GENERAL, BUT AS A FATHER OF 3 BEAUTIFUL TEENAGERS.

WE ARE HERE TODAY BECAUSE WE MUST BRING THE UGLY TOPIC OF SUICIDE OUT OF THE CLOSET ONCE AND FOR ALL. WE MUST TALK ABOUT IT HONESTLY AND OPENLY. IT'S AN ISSUE THAT CAN HIT HOME FOR ALL OF US: MEMBERS OF CONGRESS, DEMOCRATS, REPUBLICANS, THOSE OF US WITH KIDS OF OUR OWN OR WITH NIECES AND NEPHEWS AND ALL THEIR FRIENDS.

SUICIDE APPEARS TO US AS COMPLETELY IRRATIONAL AND KNOWS NO BOUNDS. IT HITS FAMILIES WHICH ARE SEEMINGLY HAPPY AND STABLE, WEALTHY OR POOR, IN CITIES AND SUBURBS ALL ACROSS THE COUNTRY.

WITH A CRISIS OF SUCH MAGNITUDE, MANY PEOPLE SEEM FROZEN IN INACTION, UNABLE TO DEAL WITH THESE TRAGEDIES. TODAY, THOUGH, WE ARE HERE TO BREAK OUT OF THAT MENTALITY BY COMMITTING THE WILL AND VERY SMALL PART OF THE RESOURCES OF OUR NATION TO REDUCING THE MAGNITUDE OF THIS CALAMITY.

BEFORE DEALING WITH THE SPECIFICS OF THE BILL, WHICH CONGRESSMAN LANTOS AND I HAVE INTRODUCED, I WANT TO PAY TRIBUTE TO THREE ORGANIZATIONS THAT HAVE BEEN IN THE FOREFRONT OF YOUTH SUICIDE PREVENTION: THE YOUTH SUICIDE NATIONAL CENTER, THE NATIONAL PARENTS AND TEACHERS ASSOCIATION, AND THE AMERICAN ASSOCIATION FOR COUNSELING AND DEVELOPMENT. MANY OTHER EDUCATIONAL, RELIGIOUS AND MENTAL HEALTH GROUPS HAVE ALSO JOINED IN OUR CRUSADE TO PREVENT THE NEEDLESS DEATH OF SO MANY OF OUR YOUNG PEOPLE.

MR. CHAIRMAN, I WOULD LIKE TO TAKE NOTE OF THE FINE WORK OF CHARLOTTE ROSS, THE EXECUTIVE DIRECTOR OF THE THE YOUTH SUICIDE NATIONAL CENTER, WHO HAS BEEN MY TEACHER ON THIS MOST COMPLEX AND IMPORTANT SUBJECT.

AS YOU KNOW, MR. CHAIRMAN, THIS HEARING IS NOT THE FIRST TIME CONGRESS HAS ADDRESSED THE ISSUE OF YOUTH SUICIDE -- IN THE FALL OF 1985, THIS VERY SUBCOMMITTEE CONDUCTED TWO DAYS OF HEARINGS ON LEGISLATION INTRODUCED BY MYSELF, MR. LANTOS AND MR. DIOGUARDI; IN THE SPRING OF 1985 AND THE FALL OF 1984, THE SENATE JUDICIARY SUBCOMMITTEE ON JUVENILE JUSTICE CONDUCTED HEARINGS ON TEENAGE SUICIDE; AND IN THE FALL OF 1983 THE HOUSE SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES HELD A HEARING ON "TEENAGERS IN CRISIS."

APPROXIMATELY ONE YEAR AGO, MR. CHAIRMAN, YOU HAD GREAT SUCCESS IN SHEPHERDEDING THE YOUTH SUICIDE PREVENTION ACT OF 1986 ON THE FLOOR OF THE HOUSE. IT UNANIMOUSLY PASSED. UNFORTUNATELY, THE SENATE DID NOT EVEN CONSIDER THE MEASURE PRIOR TO ADJOURNMENT.

NOW, 5,000 LIVES LATER, H.R. 457 IS IDENTICAL TO LAST YEAR'S MEASURE AND IT CARRIES THE BIPARTISAN SPONSORSHIP OF OVER 70 MEMBERS OF CONGRESS.

WITHIN THE PAST FOUR YEARS, TOM LANTOS, JOE DIOGUARDI AND I HAVE TRIED TO SHINE A BRIGHT SPOTLIGHT ON THE TRAGEDY OF YOUTH SUICIDE. CONGRESS AND THE AMERICAN PEOPLE MUST BE REMINDED CONSTANTLY THAT SUICIDE IS THE NUMBER THREE KILLER OF OUR YOUNG. WE MUST CONTINUE OUR EFFORTS TO INCREASE PUBLIC AWARENESS OF THE SEVERITY OF THE SUICIDE EPIDEMIC.

SINCE LAST YEAR'S HOUSE PASSAGE OF THE YOUTH SUICIDE PREVENTION ACT, COMMUNITIES THROUGHOUT THE COUNTRY HAVE BEEN ROCKED BY TRAGEDY AFTER TRAGEDY -- YOUNGSTERS CHOKING OFF THEIR OWN PRECIOUS LIVES. NUMBERS ALONE CANNOT CONVEY THE DESPERATION OF A TEENAGER STEERING HIS CAR OFF A HIGHWAY, OR THE ISOLATION OF A YOUNG GIRL CROUCHING ON THE FLOOR OF HER BATHROOM WITH A LETHAL DOSE OF SECONDAL.

THE SUICIDES IN BERGENFIELD, NEW JERSEY, MADE BIG HEADLINES, BUT WHAT ABOUT THE SUICIDES THAT GO UNREPORTED. THE BERGENFIELD TRAGEDY WAS ONLY 4 OUT OF 5,000 DEATHS.

HOW MANY OF US REALIZE THAT THE NUMBER OF ADOLESCENT SUICIDES EXCEEDS THE AVERAGE ANNUAL CASUALITY RATE OF THE VIETNAM WAR? FIFTENN TIME A DAY, EVEN ONCE DURING THE TIME OF THIS

HEARING, SOME YOUNG PERSON PURPOSELY ENDS HIS OWN LIFE.

GIVEN A CHANCE, OUR SCHOOLS AND OUR COMMUNITIES CAN RECOGNIZE THE SILENT CRIES OF A TROUBLED TEENAGER, THOUGH AT TIMES THE CRIES ARE FAINT AND WE TURN AWAY. WE NEED TO LISTEN TO THEIR MUTED SCREAMS FOR HELP BEFORE ITS TOO LATE.

LAST NOVEMBER, A NATIONAL CONFERENCE ON STRATEGIES FOR THE PREVENTION OF YOUTH SUICIDE WAS CONDUCTED IN BETHESDA, MARYLAND. MR. CHAIRMAN, LET ME BRIEFLY SUMMARIZE A FEW VITAL POINTS DEVELOPED AT THE CONFERENCE'S WORKSHOP ON EDUCATION.

1. CHILDREN WHO ARE AT RISK OF COMMITING SUICIDE, OFTEN ATTEMPT TO COMMUNICATE THAT RISK TO PEOPLE WITH WHOM THEY ARE IN CONTACT.

2. VERY OFTEN, A SPECIAL RELATIONSHIP EXISTS BETWEEN CHILDREN AND SCHOOL PERSONNEL -- TEACHERS AND ADMINISTRATORS.

3. SCHOOLS ARE A PRIME AREA OF CONTACT WITH CHILDREN, THEIR PARENTS AND FRIENDS, AND THUS MUST PLAY A CENTRAL ROLE IN PREVENTION PROGRAMS.

AND, 4. SCHOOL SYSTEM PERSONNEL SHOULD GAIN A LEVEL OF TRAINING THAT WOULD ENABLE THEM TO RECOGNIZE CHILDREN AT RISK OF COMMITTING SUICIDE.

OUR BILL, HR 457, SATISFIES THE EDUCATION WORKSHOP'S FINDINGS -- AND DOES MORE. THE LEGISLATION INCLUDES COMMUNITY BASED NONPROFIT ORGANIZATIONS AS PART OF ITS MULTI-PRONGED APPROACH.

FOR THE PAST TWO YEARS, CONGRESS HAS PASSED RESOLUTIONS INTRODUCED BY MR. DIOGUARDI DESIGNATING THE MONTH OF JUNE AS "YOUTH SUICIDE PREVENTION MONTH." HOWEVER, AS I KNOW MR. DIOGUARDI WOULD AGREE, YOUTH SUICIDE PREVENTION SHOULD NOT BE LIMITED TO ANY ONE MONTH PER YEAR -- PUBLIC AWARENESS MUST BE YEAR-ROUND!

MR. CHAIRMAN, H.R. 457 -- THE YOUTH SUICIDE PREVENTION ACT -- PROVIDES CONTINUOUS COMBAT AGAINST THIS SCOURGE OF AMERICA'S YOUNG. IT ESTABLISHES A

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DISCRETIONARY GRANT PROGRAM WITHIN THE DEPARTMENT OF EDUCATION TO ASSIST LOCAL EDUCATION AGENCIES AND PRIVATE NONPROFIT ORGAINZATIONS IN ESTABLISHING AND OPERATING YOUTH SUICIDE PREVENTION PROGRAMS.

GIVEN THE SCARCITY OF FEDERAL FUNDS, THE ACT CREATES A 3-YEAR DEMONSTRATION PROGRAM WHICH WILL SUPPORT PROMISING EFFORTS TO DEAL WITH THIS NATIONAL PROBLEM. H.R. 457 REQUIRES THE SECRETARY OF EDUCATION USE EXPERTS IN THE FIELD TO ENSURE THAT THE FUNDED PROJECTS HAVE THE BROADEST POSSIBLE IMPACT. THE RESULTS OF THESE EVALUATIONS WILL BE DISSEMINATED THROUGH THE NATIONAL DIFFUSION NETWORK, A DIVISION OF THE NATIONAL INSTITUTE OF EDUCATION. THIS WILL ENABLE THE MOST EFFECTIVE PROGRAMS TO BE REPLICATED THROUGHOUT THE COUNTRY.

BEFORE AN AGENCY OR ORGANIZATION RECEIVES A GRANT, IT MUST SUBMIT AN APPLICATION TO THE SECRETARY OF EDUCATION. GRANTS CANNOT EXCEED $100,000 FOR ANY FISCAL YEAR.

THE PROGRAMS SUPPORTED BY THE FEDERAL FUNDS MUST INCLUDE SEVERAL COMPONENTS.

FIRST, THEY SHALL ASSIST IN INCREASING AWARENESS OF YOUTH SUICIDE AMONG FAMILIES, SCHOOL PERSONNEL AND COMMUNITY LEADERS.

SECOND, THE PROGRAMS MUST INCLUDE A COMPONENT TO TRAIN SCHOOL PERSONNEL AND COMMUNITY LEADERS IN INDIVIDUAL AND SCHOOL-WIDE STRATEGIES FOR SUICIDE PREVENTION.

THIRD, THESE PROGRAMS MUST BE COORDINATED WITH FEDERAL, STATE AND LOCAL ALCOHOL AND SUBSTANCE ABUSE PREVENTION PROGRAMS.

FOURTH, THE PROGRAMS MUST UTILIZE COMMUNITY RESOURCES IN THEIR DEVELOPMENT AND IMPLEMENTATION.

AND FINALLY, THE GRANTEES MUST COOPERATE WITH OTHER APPROPRIATE ORGANIZATIONS AND AGENCIES IN A MANNER PRESCRIBED BY THE SECRETARY OF EDUCATION.

THE ADDITIONAL TOTAL COST OF THIS LEGISLATION IN 1988 IS ABSOLUTELY NOTHING. IN FISCAL YEAR 1988, THE $1 MILLION WILL BE ALLOCATED FROM THE SECRETARY'S DISCRETIONARY FUND, AND IN FISCAL YEARS 1989 AND 1990 SUCH SUMS AS ARE NECESSARY MAY BE APPROPRIATED.

THE AMOUNT OF MONEY WHICH WILL BE SPENT ON THIS PROGRAM IS NO MORE THAN A CHEAP TIP AT THE FOUR SEASONS RESTAURANT COMPARED TO THE WAY WE DO BUSINESS IN WASHINGTON.

THE PRIMARY FOCUS OF H.R. 457 IS TRAINING WHICH CAN BE UTILIZED BY SCHOOL PERSONNEL SUCH AS COUNSELORS, TEACHERS, ADMINISTRATORS AND PEER LEADERS. KEY TO THE SUCCESS OF THIS LEGISLATION IS THE ABILITY OF MENTAL HEALTH PROFESSIONALS AND COMMUNITY LEADERS TO BECOME INVOLVED IN THE DELIVERY OF NECESSARY HELP TO YOUNGSTERS AT RISK.

A FAMILY FIGHT, A FLOUNDERING ROMANCE, A FAILED TEST -- EACH OF THESE EXPERINCES CAN PROVE TO BE FATAL TO SOME YOUNGSTERS. HOPELESS, HELPLESS AND DESPERATE, THEY SEE ONLY ONE WAY OUR OF THEIR PAINFUL SITUATION.

MR. CHAIRMAN, ANY LOSS OF LIFE IS TRAGIC. THE LOSS OF A CHILD IS DEVASTATING. THE SELF-INFLICTED DEATH OF A YOUNGSTER IS AN UNTHINKABLE HORROR. YET, THINK WE MUST, SO WE CAN BEGIN TO UNDERSTAND IT, RECOGNIZE IT, AND IN SOME CASES PREVENT IT.

THANK YOU.

Mr. HAWKINS. Thank you very much, Mr. Ackerman.
The next witness is the Honorable Tom Lantos.

STATEMENT OF HON. TOM LANTOS, A U.S. REPRESENTATIVE FROM CALIFORNIA

Mr. LANTOS. Thank you very much, Mr. Chairman and members of the committee.

At the outset, let me express to you personally my appreciation for the steadfast support and encouragement you have given Congressman Ackerman and myself throughout our years of effort to bring this to the attention of the American people. Without your help we would not have gotten to first base, and I want you to know that we know that.

Second, I want to express my appreciation to my good friend, Congresswoman Roukema, Congressman DioGuardi and particularly my friend and colleague, Congressman Ackerman, for playing such a key and leading role in this effort.

We thought, Mr. Chairman, that we were engaged in a bipartisan effort, and we still think so. Although I must admit, that in this whole enterprise few things were more disappointing to me than the vicious criticism from the far right of this very modest bipartisan humanitarian effort. The morality preached by the Bakers through their television evangelical movement, is no substitute for dealing with the down-to-earth problems of thousands of teenagers, and the right wing criticism perhaps has been one of the most jarring and distrusting aspect of this very modest effort to put really symbolic legislation before the American people.

Tomorrow, Mr. Chairman, a number of airplanes will leave Andrews Air Force Base to take a large number of members to a funeral of one of our colleagues, Stewart McKinney of Connecticut, who died of AIDS. I suspect it will take the suicide of a teenager of a Member of Congress to shake up both the Congress and the American people to the reality of the situation, and I really wonder whether we have to wait to see whether one of our children or grandchildren will fall into this category before we become sensitized to the fact that this is not an esoteric issue which is relevant to a certain segment of population, but it cuts across all ethnic, religious, socioeconomic strata. It effects all of us.

This year over 6,000 young people will take their own lives. Many, many more will try. Suicide, as you know Mr. Chairman, is the fastest growing cause of death among our young people. We are looking at a national tragedy, a tragedy that demands a national response. And let me say, parenthetically, that those who argue that the solution is to be found in the family and in the church are quite right. Part of the solution is to be found in the family and part of the solution is to be found in our churches. But, the fact is that large numbers of teenagers have no families. The fact is, Mr. Chairman, that large numbers of teenagers have families that exist only in name, they are not viable, functioning institutions as we used to look at them historically. And, I need not tell you that vast numbers of teenagers do not even have a tangential relationship with religious institutions. So, for the Federal Government to say, we will not even participate in a symbolic gesture, because that's

all we are dealing with, less than a fraction of a penny a year for American taxpayers, that's all we are talking about, about zero point four-tenths of one penny per year for every person. That's our legislation.

We cannot wait any longer, Mr. Chairman, in developing a federal strategy to counter this crisis. In 1950, the suicide rate for the 15 to 24 age group was 4.9 per 100,000. By 1965, that rate had risen to 8.1, and the latest figure we have is 11.7. Evidence of this alarming trend appears daily. In recent months, as you know, four New Jersey teenagers concluded a suicide pact and killed themselves with carbon monoxide fumes from the exhaust of their automobile. Two days later, two Chicago girls used the same method to take their own lives. In the last few years a number of these "cluster" suicides have drawn national attention. Over a 3-day period in 1986, three Omaha high school students killed themselves. During a 6-month period in Houston, 29 young people committed suicide. These are some of the stories we hear about on the network news. There are many more which we do not hear about.

Our legislation, H.R. 457, is a critical first step in establishing a nationwide response. Our bill provides for a series of very modest grants for desperately needed suicide prevention programs. It would permit training of personnel in community-based and private organizations and would provide for the development and implementation of youth suicide prevention programs and pilot projects. This funding would not be used for research, but would build upon the research which already exists and the experience which already exists in preventing youth suicide.

My friend, Congressman Ackerman, paid tribute to Charlotte Ross, and I want to echo his sentiments. Under her leadership, the San Mateo County Suicide Prevention and Crisis Center in my congressional district is one of the outstanding institutions which has a successful record in helping to prevent youth suicides. Our legislation would encourage the expansion of such programs and their establishment elsewhere.

There is little doubt, Mr. Chairman, that it is time for the federal government to step in and help stop the carnage. We have the resources and we have the facilities and we must use them. Otherwise our young people just embarking on lives full of promise, will continue to take their own lives.

Congressman Ackerman referred to his three teenagers. I would like to refer to my eight grandchildren who are not yet teenagers, but who will be in this dangerous age bracket before too long. On their behalf, and on behalf of millions of young Americans, we are pleading for long delayed, long overdue Congressional action.

Thank you very much.

Chairman HAWKINS. Thank you, Mr. Ackerman and Mr. Lantos.

The Chair has recently observed that as a result of reintroduction of your bill there are several organizations that have been initiated presumably to fight against H.R. 457 and other proposals that would in effect relate some how the actual proposal to what is known to them, or felt by them, to be death education. I am quite sure that other organizations will take advantage of this rather emotional issue to do something similar to this movement and at the same time to request a contribution.

So, apparently your proposal has elicited a rather emotional response. I would imagine it falls into the category, whether or not turning the head the other way, I will not dignify the petition by asking that it be put into the record, but it follows a pattern, of that if we don't seriously look at these problems and turn the head the other way, that somehow the problem addressed will vanish and everything will be okay. We tried that in venereal disease prevention; we've tried it in Aids and many other different scourges that we have been concerned about, and no results were obtained so long as we simply looked the other way.

What would be your reaction to such emotional response to your proposal? Do you feel that in any way you are partners in the crime of trying to address the problem, rather than face it in an attempt through training, education and other means of doing something about it? Mr. Ackerman, we'll hear from you and then Mr. Lantos.

Mr. ACKERMAN. Mr. Chairman, thank you. Thank you for bringing that to public attention, and for your observation on it.

I suppose that whenever we're confronted with a problem and a crisis, there are those who seek to find the answers, accept the challenge, try to meet this challenge and try to do what they can in the name of humanity, and in the name of good conscience. There are others who respond very negatively and insist that the best thing we can do, when there's a problem, is to take an ostrich-like approach and bury our head in the sand. They claim that those who are trying to help are basically going to cause the problem to accelerate.

There is no way, Mr. Chairman, that by ignoring the problem of youth suicide that we help to cure it. There is no way, that finding cures to diseases, that when we do research, that when we have preventive programs, that we aid the illness. To the contrary.

The petition that you referred to, Mr. Chairman, and I have become familiar with it just the other day, is being circulated by a former Member of the Congress who was defeated by his own constituency in the last election, and who apparently is calling this death legislation rather than Teenage Suicide Prevention Act. He makes an emotional appeal, claiming that teachers are going to teach children that death is a viable option. To the contrary. Hopefully, we will be making people aware of what is going on and trying to reach out—people who understand children, to recognize the danger signs, schools, counselors, parents, et cetera.

At the conclusion of the emotional appeal that's made by this rejected Member of Congress, he then asks everybody that reads it, to send him $15, so he can carry on in his program. I also would not dignify it by placing it into the record, Mr. Chairman, but I think it's an absolute disgrace that any individual would, for his own personal financial gain, seem to capitalize on the tragic loss of over five or six thousand lives each and every year. I think that what we are doing here, Mr. Chairman, and what this committee has done, and what the Congress did unanimously in the last session, is to try to confront this problem head on to make the American people aware of what is going on, and to try to reduce that very, very awesome number.

Chairman HAWKINS. Thank you.

Mr. Lantos, would you care to remark?

Mr. LANTOS. I would like to make a couple of observations in this connection, Mr. Chairman.

First of all, no generation of young people in human history had the opportunity for the fullness of life that the current generation of young Americans has. And, our legislation is designed to make them aware of the fullness of life.

Second, this pattern of sweeping problems under the rug as a substitute for solving problems, has a very long history. You may remember, Mr. Chairman, as I do, that it wasn't too long ago that alcoholism was a taboo subject. It was swept under the rug, although millions of Americans suffered from alcoholism, and millions of American families were destroyed by alcoholism. Similarly, we had the problem of drug abuse. Drug abuse was a topic that you didn't talk about in polite society, in gentle society, even though the ravages of drug taking were penetrating all segments of American society.

Not too long ago, Mr. Chairman, mental illness was a topic that we didn't talk about. If someone in the family acted strange, he was locked up in the attic, and she was a non-person, and she disappeared for all practical purposes. When in fact, the problem of mental illness is such a serious and ever-present aspect of the lives of millions of American families. Most recently, Mr. Chairman, homelessness became a topic that became a topic proper to talk about.

Clearly, teenage suicide falls into this category. By refusing to deal with the issue, we would merely guarantee that more young people will take their lives. I reject that approach as not only counter productive, but fundamentally immoral. We must focus the spotlight of national attention on teen suicide and begin to deal with it.

Chairman HAWKINS. I thank the gentlemen.

Mrs. Roukema.

Mrs. ROUKEMA. Thank you, Mr. Chairman.

And, I do appreciate the eloquence with which my colleagues have spoken on this subject, and would like to express my agreement with the statements that have been made.

I think it bears repeating, as it has been pointed out, that this is a problem that has hit all socioeconomic groups, and I think that's important for us to understand. I think it is also important to understand what this legislation actually does. It's primarily training personnel, school personnel, to recognize children at risk and try to address the problem.

The information that I've just received concerning this petition is completely new to me. I would like to make the observation, if I may, that there is one statement here, and I do not want this inserted into the record as a petition, but I do want to point out that there's a statement here declaring that classes might make the situation worse, referring back to death education, by presenting suicide as an option rather than dealing with the causes of the suicide. Now, this is one of the whereas's in the petition.

Let me speak to that issue and perhaps Dr. Kavanagh will address it later as well. I alluded in my opening statement to the fact that my husband, Dr. Roukema, had worked professionally with

Dr. Kavanagh some years ago. It happened to have been on the precise subject of suicide. My husband, for those who do not know, is a psychiatrist. He does not specialize in adolescent psychiatry, but he does treat many adolescents. And, he has stressed to me over the years, and most specifically since the tragic events in Bergenfield, that what has shocked him so much in his many years of practice, is that in recent years young people have been coming into him with a swagger and suggesting to him that suicide is an option. Now, he's practiced long enough to know that it wasn't too many years ago that you wouldn't find that in young people.

It seems that we have created a social climate and a moral climate in our country, which has said to young people that anything they choose to do is theirs to do because it's their life. And I think that's what this legislation is about, helping to reverse that attitude, and in the words of Congressman Lantos, helping them understand the opportunities for the fullness of life, and that suicide is not an option.

I don't know what my former colleague is about here, but I would suggest he is totally misguided. There unfortunately is a whole generation of young people who presently do believe it is an option, and we have got to teach them otherwise.

Thank you, Mr. Chairman.

Chairman HAWKINS. Mr. Kildee? Gentlemen, let us try to confine to the 5-minute rule. Mrs. Roukema has set the example and we expect as much from the others.

Mr. KILDEE. I'll take less than that. I just want to commend Mr. Lantos and Mr. Ackerman for bringing this issue before us. I'm cosponsor of the bill and I'm convinced there is a problem and public policy should try to address itself to the problem. I don't think this public policy is going to exacerbate the problem, I think it will ameliorate the problem. I think the bill will do just that the way it is drafted. And, I want to commend them for their service to this Congress in bringing this problem to us in such a very tender fashion.

Thank you very much.

Chairman HAWKINS. Mr. Williams.

Mr. WILLIAMS. I want to join my colleagues in thanking the two colleagues at the witness table for their leadership in what is clearly a national problem, and which we hope can be mitigated some with a Federal solution.

Let me ask either of you this. It is clear that the rate of youth suicides is increasing. However we either didn't keep records or we don't have the data from the death certificates of the past many years. So, my question is, do we know with any certainty whether we have, as a percent of young people, fewer or less suicides in this decade than we've had in previous decades, and if it is more, has that rate steadily been increasing in the past say, 50 years, has it stabilized, or in fact is it going down?

Mr. ACKERMAN. That's a very difficult question to answer. First of all, there is a problem with the collection of data. Nobody has kept it very accurately. In addition to that being a problem, we also have to take cognizance of the fact that many families do not wish to have it reported that the death of their young child was caused by his or her own hand. And, therefore, other reasons have

very often been put down as the cause of death. With the public spotlight focusing on this and less of an onus of shame for whatever that reason was in the past, dissipating to some extent now, the collection of that information is a little easier.

But, all of the evidence that we have seen, at least for the past 10 years, would indicate that there is a growing trend for a accelerated higher percentage of teenage suicides in each and every succeeding year. I think the numbers that we're looking at were basically from 1984, which indicated that there were 5,024 suicides in that year alone, and that number is very rapidly increasing, both the number and the percentage.

Mr. LANTOS. If I may add a footnote, Congressman Williams.

It seems to me there is an answer to your question, and the answer is fundamentally irrelevant. Let me tell you what the answer is. The answer is, in the first place, that you are correct; statistics are now more accurate than they used to be, but that is true of practically every facet of American life. We are now collecting data on a more systematic and comprehensive basis than we did in almost every phase of our life, therefore your basic point is well taken. The figures are better now than they used to be. The statistics I have indicate, taking the last 3½ decades, that in 1950 suicide rates for the 15 to 24 age group was 4.9 per 100,000. By 1965 that had risen to 8.1. And, the latest figure we have for 1983, is 11.7. So, you have over a three-decade period a rise from 4.9 to 11.7.

But, being the devil's advocate for a moment, let's assume that all of this increase is the result of better record keeping. I think that would be irrelevant, because if in fact we have 5,000 young people in the United States in 1987 taking their own lives with many times that many attempting to take their own lives, we have a national crisis that we have to deal with.

Mr. KILDEE. I understand that. What is not irrelevant though, are the facts. And, if the facts are that teenage suicide is decreasing, not increasing, then that tells us we need a different kind of a response than if the facts tell us the reverse.

I'm supportive of your legislation; supported it in the last Congress, was amazed when the Senate refused to even deal with it, because I think that you're on the track toward a right solution. But, it does seem to me that we have a rather disturbing lack of reliable evidence with regard to which way this trend is going, and what that means socially and economically for the United States. Let's face it, clearing houses aren't going to solve this problem. This is a deep social, economic lifestyle problem in the United States. It may be related as much to the threat of nuclear war as it is to drugs. I don't think we know that for a certainty. But, we might know more about it if we knew which way the trend was running. And, I'm pleased to hear about the information that you've gathered for these past three decades, because that's certainly helpful.

Thank you, Mr. Chairman.

Chairman HAWKINS. Mr. Martinez.

Mr. MARTINEZ. Thank you, Mr. Chairman.

I wish to join my colleagues in commending our colleagues for bringing this to the front. It's not easy to bring an issue that is

somewhat covered, colored and not talked about. And, I realize that from personal experiences.

I, like my colleague, Mr. Williams, at am a loss to know why the Senate didn't act on it. The sheer tragedy of the loss of 5,000 or 6,000 lives per year, and I understand that this number is deluded, because I know that in many instances, and the experiences that I've had, the cause of death has been listed other than suicide, when in actuality it was suicide to save embarrassment to the family. So, there are probably a greater number of suicides than are even recorded.

And, with that in mind, I would think that that would be enough to motivate the Senate to act on this. Hopefully they will this session. Because I don't believe there's any way you can put a price on the loss of these lives, the lives of these young people. But, if you could, I'm sure that it would exceed by many, many times the amount of money you're asking for in this bill.

I believe that your pilot program is necessary to give us the track record and experience, and the knowledge that Mr. Williams is seeking, and probably other people, to be able to make a better decision to hopefully expand this program and provide such sums as necessary to deal with the situation. I believe that, like you Mr. Lantos, that the people that believe that family, friends and clergy are going to answer this question, the reality is that, and I agree with you, that when these young people reach this point in their lives that they feel it's no longer worth living, that they have gone beyond the point of being able to turn to family, friends and clergy, or they wouldn't be there. They wouldn't be at that point. And, out of that frustration, I believe, whether they were right or wrong that they could go to family, friends and clergy, that they need somebody and something else to turn to.

And, for that reason I'm a coauthor of this bill and I support it wholeheartedly, and I hope that we all can join to try to make the Senate act on this. I believe that it's going the right way. I believe it's something that's necessary at this time. I think you're right that mere facts and statistics are irrelevant. The one fact that does stand out, that we're losing 5,000 to 6,000, like I say, many more than that, and that should be fact enough to cause us to act. I commend you.

Chairman HAWKINS. Mr. Gunderson.

Mr. GUNDERSON. No questions at this time.

Chairman HAWKINS. Mr. Hayes.

Mr. HAYES. Thank you, Mr. Chairman. I'll accede to your request and live within the 5-minute requirement.

I just want to, and I know it's with some redundancy, commend my colleagues for having pushed this legislation while recognizing that it's certainly not a cure-all, it's a beginning to tackle a problem that I'm willing to accept the fact it is growing in our society.

This is particularly true among blacks. You didn't used to hear, maybe they weren't recorded, black suicide statistics. But, this kind of situation is developing. In fact, I had a granddaughter, I just thank God that her efforts to take her own life were short circuited. But, there are reasons that these youngsters decide that life is no longer worth living. Part of it is attributable to the frustrations of joblessness among our youth. They feel that they have no future

to look forward to when it comes to being a meaningful part of a society. And, they just think that the best way to do it is to end it all.

Here, you've got a piece of legislation which I support, that goes into counseling with the at-risk students. It can start to stave off some of the drop-off ratios I think that is occurring among our kids, which is tragic in many of our urban centers, including my own city, Chicago. And, I just think that I'm willing—I like the bipartisan approach to this legislation, and the amount of money that is being asked is certainly infinitesimal when we compare it to where we spend monies elsewhere, for this destruction of human life and what we're trying to do here. It's a saving. I want to commend you again, finally.

Thank you, Mr. Chairman.

Chairman HAWKINS. Thank you.

Mr. Solarz.

Mr. SOLARZ. Thank you very much, Mr. Chairman.

I want to join the other members of the committee in paying tribute to our colleagues, Mr. Ackerman and Mr. Lantos, for focusing attention in such a persistent fashion on what is clearly an increasingly serious national problem.

I'd like to ask both of you to address yourselves to what seems to me to be the real issue posed by your legislation. I cannot believe that anybody on this committee or in the Congress could possibly question the fact that this is a national problem. Your presentations and the information and statistics which you've marshalled in support of your case, constitute a compelling demonstration of the fact that this truly is not only a national problem, but a growing national problem. The really serious question, I think, is whether it is the kind of national problem which either lends itself to, or requires a national solution. I would imagine that in the course of the debate on this legislation, this is likely to emerge as the main argument of those who oppose the legislation. I'd like to ask you to address yourselves to this question, particularly with respect to the degree to which States and local education agencies around the country are in fact not addressing the problem. This would clearly suggest the desirability of a national initiative. To the extent to which there is a widespread awareness of the problem, and to the extent to which school districts, States, municipalities, are in fact attempting to deal with it, would suggest that there may not be, particularly in a period of budgetary austerity, a need for additional funding for this problem.

So, if you could address yourselves to that, I think that's really where the debate is going to be. And, it would be helpful to get the benefit of your thinking on this issue.

Mr. ACKERMAN. Thank you very much for the question, Congressman Solarz.

If anything lends itself to a national solution and presents itself as a national problem, this is it. Each and every thing that we address ourselves to in the Congress of the United States, every aspiration, every goal, every thing that we have in mind for the future of America, is really for the future of our children, for the next generation and for the generation after that. Everything else is meaningless. Every little detail on every piece of legislation that

we might focus on, has absolutely no relevance if there is no next generation. And, if we allow that next generation to chip away at itself, to eliminate itself in small but very significant pieces, one at a time, adding to 5,000 or 6,000 a year in actual deaths, a half million plus attempted losses of life, what is the quality of life that we're talking about?

This legislation is basically a signal that we recognize the enormity and the scope of the problem. That it cuts across every segment of our society, and reference was made by some of our colleagues about the bipartisan nature of the legislation. Death doesn't understand partisanship, it doesn't understand race, it doesn't understand wealth. It understands nothing. And, we all have to work together in solving this.

Now, different States have different approaches, and different communities have different approaches, and different cities have different approaches, and we do not, in any way, in this legislation attempt or even suggest that we are dictating a Federal solution to suicide. I don't know that there is a solution. I mean, it's not like a specific virus that somebody's going to discover suddenly a serum for, and people can be inoculated. It is a mental health problem that is of great Federal concern in our estimation.

Hopefully, the passage of this Act would indicate that there is a Federal concern because of the enormity and the scope of the problem. You have to understand that the meager $1 million that we're talking about, coming out of the Secretary's Discretionary Funds, can be divided up in grants no larger than $100,000 each in any given year, is a very minuscule sum of money. It is our hope that States, that cities, that school districts would reach out, in the putting together of their proposals, reach out to the community at large to try to get matching grants, to try to inspire private industry, private individuals, other Government entities and agencies, into working with them and putting together something on a more grandiose scale. But, the basic purpose of this legislation is to indicate that there is a grave problem and more attention has to be given to it. Otherwise, in my estimation, we're not addressing the real reason that we all come to Washington.

Mr. LANTOS. Congressman Solarz, your question, which I think is a very good one, I believe needs to be reversed. What kind of a message would the Congress send to the American people if it were to say that youth suicide is not a national issue? It would ally itself with segments of the far right, who have politicized this issue that we introduce a singularly nonpolitical framework. It would lend credence to those who claim that by focusing national attention on the problem, we are exacerbating the problem rather than trying to deal with it.

Our legislation is a perfect case of symbolism. We don't have any expectation that with a million dollars a year, nationally, we're going to solve this problem. But, symbols are important in civilized societies. People have died for symbols. Symbols stand for things. And, this modest piece of legislation, if approved by the Congress, would indicate that we in the Congress are concerned with this issue. We recognize that the solution is a many splendored thing, with families and communities and churches and schools and other organizations being part of this solution, but that the Congress

doesn't run away from recognizing that it too has at least a symbolic responsibility to make a statement.

It's been customary, Congressman Solarz, for the Congress to be at the cutting edge of dealing with problems. Blindness is a dilemma that afflicts large numbers of people, private organizations, families, churches, you name it, deal with it. But, Congress has legislation that specifically deals with providing, for instance, employment opportunities to the blind. Congress has legislation which provides tax benefits to the blind. That does not indicate that Congress thinks it can solve the problem of blindness, but that it has some role in dealing with the issue.

It seems to me that most recently we have demonstrated in the realm of dealing with the homeless, that Congress has here too, a symbolic responsibility. And, while the amount of money was 500 times the amount of money we are asking for, it was appropriate for our national legislature to say, homelessness although it takes place in many communities throughout the land, is also our problem. That's all we are asking for here. We are asking for the Congress to legitimatize this issue, as a proper concern of the American people.

Mr. SOLARZ. I think you've both made a very powerful case for the legislation. As you know, I've supported it in the past and I fully intend to support it in the future.

If I may suggest one additional thought, however. I think that it would be very helpful as we move this legislation forward if you could contribute to our understanding of the need for this legislation as much information as it is possible to obtain with concerning the degree to which local education agencies around the country are in fact not devoting the attention and resources to this problem. Because, I think it closes the circle. You've established the fact that it's a problem. You can also establish that not enough is being done to deal with it and that therefore a federal initiative could hopefully stimulate much greater activity on the part of those who do have the primary responsibility. Then I think the case is not only compelling, but conclusive, and I'm sure the information is out there just waiting to be obtained.

Mr. LANTOS. I think it's an excellent suggestion. and it is out there.

Chairman HAWKINS. Mr. Sawyer, since you came in late, we'll allow you to address the question, because we're way over the 5-minute limit, gentlemen. And, you may address the same answer if you care to comment on the question during the next period of time.

Mr. Sawyer.

Mr. SAWYER. Mr. Chairman, I appreciate the courtesy. I apologize for being late. I would prefer to hold any questions that I have for the subsequent panel, and would be very much interested in hearing the answer to that question just asked.

Mr. HAWKINS. Well, then may we have a brief comment if either of the witnesses care to comment on Mr. Solarz's point.

Mr. LANTOS. Well, I think Congressman Solarz had an excellent suggestion. Fortunately, the facts are supportive of what we are trying to do. It is much easier, Congressman Solarz, to find school districts that are doing nothing in this field, than to find school dis-

tricts that are doing something in this field. And, the federal initiative, we hope, will serve as a synergistic element in this and will stimulate local districts and organizations to come forward and do something on their own.

Mr. ACKERMAN. I believe part of the problem here is that both municipalities and school districts, heretofore, have assumed the same posture that many families and individuals in our society have, and that is basically that this is a subject that is taboo. That it's better not to talk about it, it's better not to think about it, it's better not to deal with it, and perhaps it will go away, because if you talk about it maybe it will become more prolific. I think that is the thinking of the past. I think that is not what happens. I think that if we want to be able to solve the problem, first we must recognize it, then we must confront it and deal with it.

As Congressman Lantos has said, it's much easier to identify the lack of programs. We'd be supplying a list of millions of cities and counties, et cetera, that are basically ignoring the problem because of past thinking and what-have-you. By us passing this act, and placing it before the American people, legitimizes it as a concern and as the kind of an issue that is appropriate to be dealt with on local levels, and I hope that's what we're going to be doing.

Chairman HAWKINS. Well, thank you, gentlemen. I, again repeat the invitation for either one of you, or both of you, to remain and join us at this side of the table if you so desire.

Mr. ACKERMAN. Thank you, Mr. Chairman.

Mr. LANTOS. Thank you. Mr. Chairman.

Chairman HAWKINS. If not, we certainly intend to do everything we can to renew the commitment we made to you last year, and this time we hope that the Senate will agree with us and take immediate action. You have the commitment of the Chair to join with you in making sure that they do.

Thank you again for your testimony.

Mr. ACKERMAN. Thank you for your leadership, Mr. Chairman.

Chairman HAWKINS. The next witnesses will be composed of a panel consisting of Dr. Tom Kavanagh, Director of Special Services, Franklin School, NJ; Mr. Warren Hagberg, California PTA, Ms. Joanne Brokaw-Livesey, Member of the Board of Directors of the Youth Suicide National Center, and Dr. Beverly Kay Celotta, president, Celotta, Jacobs and Keys Association, and also representing the American Association for Counseling and Development.

Would those witnesses please assemble at the witness table, and we will proceed to call on you in the order in which you have been scheduled and announced. We would recommend that you give us a highlight of your prepared testimony. Your prepared statements will be inserted immediately following your oral presentations.

We will hope to ask questions of you as soon as all of the witnesses have given us their statement. We are hoping that we will not have too many interruptions. As you know, the House today is dealing with the Department of Defense authorization, and some amendments may be anticipated, some interruptions may be anticipated, for which we apologize if that occurs. But, we do look forward to your testimony.

Beginning with Dr. Kavanagh—would you want to introduce again, Dr. Tom Kavanagh? Have we introduced him sufficiently?

Mrs. ROUKEMA. I think we've introduced Dr. Kavanagh sufficiently. Thank you, Mr. Chairman.

Welcome to the whole panel.

Chairman HAWKINS. Thank you.

Dr. Kavanagh, you may proceed.

STATEMENT OF DR. TOM KAVANAGH, DIRECTOR, SPECIAL SERVICES, FRANKLIN SCHOOL, BERGENFIELD, NJ

Dr. KAVANAGH. Mr. Chairman, I'm a psychologist and I am director of special services for Bergenfield Board of Education. I was responsible for coordinating the postvention efforts after the multiple suicides in Bergenfield. And, I'm here to share some of our experiences.

But, before I begin, I have a message from the community leaders from Bergenfield. We really wanted to thank Mrs. Roukema. Mrs. Roukema was on the phone to the mayor and the superintendent of schools within hours after the suicides were reported, and she and her staff have been in constant contact with our community leaders, and put us in touch with experts in the field, Center for Disease Control in Atlanta, the National Institute of Mental Health, and there was a team from the Suicide people who specialized in "cluster" suicides, Dr. Mark Rosenberg from Center Disease Control in Atlanta. A team came to visit our community and we have learned a great deal. So, we wanted to thank Mrs. Roukema for her support.

I want to tell you something about our community and some of the things that happened after the multiple suicides of our teenagers. Four teenagers committing suicide at once is the largest amount of individuals that have ever been reported, and it threw our community into shock, and there's a great deal that we have learned as we've organized our resources.

I want to tell you something about what's happened in the aftermath, but before that I would like to put it in context and describe our community. We're 5 miles from New York City. There's 25,000 residents in the community and there's 1,200 students in our high school. There's five elementary schools, a middle school and a high school. Rather than a community which has not had a strong mental health network, Bergenfield is a community that really has been very responsive, and they have prided themselves for responding to the needs of their young people. In addition to meeting the needs of all the students in general education, they won the State football championship, their band has won national awards, their newspaper has won national awards, and they've also been, the community officials, have been twice invited to testify before House and Senate subcommittee on their alcohol and drug abuse programs. And, the New Jersey State Department of Health awarded Bergenfield's community a contract to train 40 other communities in the State of New Jersey in alcohol and drug abuse prevention. So, rather than a community that hasn't been responsive, they have felt that they have been very responsive, and so when this tragedy occurred, and there was blame, and anxiety, and guilt, and finger pointing, and scapegoating, it created a tremendous wound to our community.

And, I'd like to tell you something about what we've learned, and why H.R. 457 would be important. Over the past two months, we responded to the crisis immediately by assembling our school mental health professionals. There were eight mental health professionals that teamed up with nurses and guidance counselors, and within one hour after hearing of the deaths, the students were in the halls crying, they were really very distressed and the first thing that happened, is that within one hour we organized a team of our mental health professionals and met with students in groups of 10 and 12. And, after the first three days, there were more than 400 students that came in to be seen by the mental health professionals. And, students came in to see their guidance counselors individually. A number of students had to be hospitalized, and there was six days later, a repeat suicide attempt of two former students who handcuffed themselves to a steering wheel in the same garage and tried to take their lives by exactly the same method. They were only saved by an alert police officer who was on patrol at the time. But, they were unconscious and they really were very serious.

So, after we dealt with the immediate crisis, the first thing that we did within 24 hours was to form a community response team. And, the legislation which is proposed really supports and gives incentives to communities to form such a response team, not only for prevention, but for postvention. And, one of the things that we learned, is that each aspect of the community had a different prospective. And, we have met every week for 3 hours with the chief of police, superintendent of schools, the community mental health center director, mental health professionals, myself, and the Borough administrator. And, each week we have been meeting and asking ourselves what are we learning, and rather than just why questions, why did this happen, we're also asking ourselves what questions, what can be done.

And we've consulted with different experts in the field, including Dr. David Shaffer, who was probably one of the leading authorities in doing research in suicide prevention.

I wanted to make three points of some of the things that I think we're learning. And, as I say, this has come over a period of two months where a group of people have been meeting together in the community, and just asking themselves, what are we learning. I think there are three issues.

The first issue is, that there is a need for awareness of the significance of the problem of adolescent suicide. That we found that this was not just a local problem, but that suicide has tripled since 1950, and it's the second leading cause, many experts believe, of death among young people from 15 to 24. Major research studies being done at Columbia Presbyterian Hospital indicate that suicide is on the rise in the age group between 15 and 24. And, that many accidents which are reported, which is the first leading cause of death, many accidents which are reported are truly suicides that there's not enough evidence.

And I just want to illustrate some of the things that we have learned in our community by looking at this statistic. Somehow statistics, when you put real people next to it, it makes it a little bit different. So, in our community there have been 10 deaths of

young people in the past 12 months, 10 deaths. And, I would like to point out something about those students, and what we're learning. One student was an accident, and he fell off a cliff while celebrating, and the students who came to us afterwards really indicated to us that we seriously underestimate the grief reaction of young people. That they were still in grieving and visiting his grave and that they somehow wanted to be with him, and that there was some Tom Sawyer syndrome where they wanted to be with their friend and visit him and that somehow death seemed to be the way that they would join him. And that's a very real phenomena that we're learning.

There was another student, two students walked into a train. Those were listed as accidents in the past 12 months, and they did not make national headlines. Another student hung himself, and another student shot himself after his parents had died the year before. And, so there have been 10 students in our district that have died over the past 12 months.

We look to the research done by Dr. Shaffer and we're trying to translate the theory and translate the research into positive programs. Everybody looked to the schools, but in fact of the four students who had killed themselves, three out of four of the students had dropped out of school. And according to Dr. Shaffer's studies, that in many cases the majority of the youth have a long history of not doing well academically in school. The other thing that we found out by some of the students who had been killed after the train wreck, after walking into a train, after a drowning, frequently we find, and this is consistent with Dr. Shaffer's studies, that just after a child gets into trouble and has been found out, but before they know the full consequences of their behavior, they're likely to commit suicide. They just don't see any options. Many of Dr. Shaffer's students that he followed up, had been arrested for a DWI offense, and that they were about to lose their license, and they just didn't see any options.

Another thing that schools have to be concerned with is the "cluster" phenomenon. It seems to occur, and this has been documented, right after the media publicizes a suicide or right after there has been a television special dealing with suicide, that there is a dramatic increase in suicide rates. The one exception to this was "Silence of the Heart," which was starred in by Mariette Hartley, whom we've also met with. Mrs. Hartley was very sensitive to that and there were hotlines set up and there was discussion by the network before, during and after the program about where people could go for help.

But, the first thing that we've learned is that it is a national problem and that it is on the rise in the age of 15 to 24, it is definitely on the rise with white males and that many accidents that are reported as accidents are really suicides.

The second thing that we have learned, and which is addressed in the bill, is that there is a need for schools and community officials to establish cooperative working relationships and support networks to address the issue of suicide prevention and postvention. What we have learned is, that it is no one person's responsibility, and what the bill addresses, is people coming together and being trained. We don't often, in school systems, have the superin-

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tendent, the chief of police, the mental health director, the department of health, meet together and talk about brainstorming positive programs. The incentives are here in this bill. What we're finding out is it's no one person's responsibility. It's all of our responsibilities. We all read about the deaths, but maybe the school said, well those students were dropouts and they were not our responsibility. Maybe we have learned something. Maybe the mental health center said, well, they're not our responsibility, they weren't patients here. Maybe the police said, well, we responded to the accident and no crimes were broken. But, by coming together, we're learning to plan and develop programs jointly, and being trained in theory as well as practice.

One of the things that we've done immediately is, in realizing how many of the students were dropouts, is that by coming together and learning that, in talking to each other, what we have done is, the first thing is developed a community outreach program, where as the student is about to drop out of school, because he doesn't meet the standards, he doesn't meet the attendance requirements, or he doesn't meet the academic requirements, as soon as he drops out of school, we're going to have an outreach worker to connect that kid to all kinds of support systems in the community, to make sure we follow up. Because one of the things that the kids feel, is that there's no options. And, that's one of the things that we have learned by working together.

The third thing is that there is a need to develop, implement and evaluate policies, procedures and programs in schools to address the need for suicide prevention and postvention. It's hard to conceive of events in the life of a school which are more disruptive than the suicide of a student. When there were four students who had killed themselves, it was very, very traumatic to the community and to the school system. But, what the bill addresses is a proactive response rather than a reactive response. People will be together with policies and procedures to deal with the issue of postvention.

Let me talk about some of the emotions that reign, like anxiety, confusion, anger, blame, guilt, all can be present and we can either address that head on or we can run away from it. Basic questions are likely to arise, that would be addressed by taking a proactive response, rather than a reactive response. How and when should students and faculty be informed of suicides; when, where and how should students be allowed to express their reactions; what should be done about the victim's close friends, their grieving, do we reach out to them; what should be done about the high-risk student; should the school hold a special assembly, is that appropriate; what should be done about the concerns of the parents; how should the school deal with the media, to whom should the school turn for outside consultation. If the incentives were provided for schools and communities to work together, these issues would be addressed proactively.

With regard to the suicide awareness programs and curriculum development, we might not have all the information, and there may still be a debate within the field, about what is the proper approach to take, but I don't think that many people would debate that there is a need to train teachers, guidance counselors, commu-

nity officials and being more sensitive as to what some of the warning signs are for suicide. There needs to be training programs to assist mental health professionals, school based people, to assess and intervene with suicide risk.

With the whole area of curriculum development, there is presently a debate going on about how much students should be taught about death education. There are many promising studies at Columbia University and Rutgers University, Maurice Elias and John Clabby, it talks about teaching kids coping skills. I don't think that many would debate that there's a common denominator with a lot of these kids that have committed suicide in our community, or had accidents, that they really didn't see any alternatives. Research is being done in curriculum development to teach kids how to problem solve. Many of the researchers with suicide attempters is indicating that kids really don't know how to generate options. They only see one solution, and in some of this research, and some of this practice, kids are taught in health classes, in problem solving classes, how to define the problems that they're feeling and the group comes together to list as many options as you can to solve that problem. And what are some possible solutions to that problem, and how would you test out that solution, and why don't you come back to class next week and let us know how you made out, and let's talk about your solutions. Kids who commit suicide don't know how to cope and they don't know how to generate alternative solutions, and that's what some of the areas in the schools, I think, need to be addressed.

I think in summary, I'd like to say that few schools which house adolescents will entirely escape dealing with the problem of adolescent suicide. With most, it will be a matter of when and how often. Underlying all this, is the necessity for planning. H.R. 457 provides opportunities for schools and community officials, community leaders to address the problem systematically, proactively rather than reactively. It also provides the incentives needed for the cooperative efforts to implement and evaluate suicide prevention, as well as postvention programs.

[The prepared statement of Dr. Thomas Kavanagh follows:]

Testimony Before Sub-Committee
on Elementary, Secondary and Vocational Education
U.S. House of Representatives
on Youth Suicide Prevention Programs H.R. 457

Submitted by Dr. Thomas Kavanagh, Director
Special Education Services
Bergenfield Public Schools
Bergenfield, New Jersey

May 13, 1987

I am Dr. Thomas Kavanagh a psychologist and director of special services for the Bergenfield, New Jersey public schools. I am here to share with the Committee the experiences of our community in coping with the aftermath of a multiple suicide of four of our young people on March 11, 1987. I would like to illustrate how our experience in the community of Bergenfield indicates the need for the Youth Suicide Prevention Act which would make grants available for prevention programs in public schools.

Bergenfield is a bedroom community of New York City with 25,000 residents and a school population of 3,132 with five elementary schools, a middle school and a high school. The high school has a population of 1,122. It is a community which has prided itself in meeting the needs of all its students. Community officials have twice been invited to testify before House and Senate sub-committees for their model alcohol and drug abuse programs. They have received grants from the New Jersey Department of Health to train more than forty other communities in the state of New Jersey on how to organize alcohol and drug abuse prevention programs.

These programs which have been cited as models have existed in the community for over ten years. They include a Primary Mental Health Program where mother aides work, under the supervision of a school social worker, with "high risk" elementary school students; "Big Brother"/"Big Sister" programs are where high school students are trained to be supportive of elementary school students who are experiencing adjustment problems; crisis home projects where families are trained to accept students into their homes during periods of crisis; consultation and training programs by mental health professional to public schools teachers and a new drug and alcohol counselor for students.

When four of our teenagers sat in a parked car in a garage in Bergenfield on March 11, 1987 at 6:30 in the morning, turned on the engine, and killed themselves with carbon monoxide fumes, it was a shocking act which appeared to defy explanation. Three days later, two other teenagers locked themselves in the same garage and handcuffed themselves to the steering wheel of the car and tried to duplicate the act. They barely escaped death thanks to an alert police officer who was on patrol at the time.

Over the past two months, after responding to the immediate crisis, a Community Response Team consisting of the Chief of Police, President of the Board of Education, Superintendent of Schools, clergymen, Director of Community Mental Health, Borough Administrator and mental health professionals have met on a weekly basis not only to ask "why" questions, but "what" can be done and "what" needs to be done. We have consulted with experts in the field on adolescent suicide including Dr. David Shaffer from Columbia University who is considered a leading authority in

the field as well as psychologists and psychiatrists who specialize in suicidology.

The following are some of the things which we have learned:

1. <u>There is a need for awareness of the significance of the problem of adolescent suicide</u>.

   After realizing that there were more reasons why this shouldn't have happened in Bergenfield, we have become aware of how, more than ever, adolescent suicide is a national problem. National studies have shown that suicide is the second leading cause of death among young people. While accidents are the leading cause of death, we know that many accidents are truly suicides. The suicide rate among adolescents in the 15-24 age group has tripled since 1950. In our own community, there have been six other deaths in the past two years. Four of those deaths have been labeled suspicious. These include one adolescent falling off a cliff; two run over by a train and one drowning while intoxicated, two others were suicides by hanging and self inflicted gunshot wounds.

2. <u>There is a need for schools and communities to establish cooperative working relationships and support networks to address the problem of suicide prevention and postvention</u>.

   Within one hour after receiving a call from the juvenile officer about the suicides, a response team of four school social workers, three school psychologists, three school nurses and four guidance counselors teamed up and were available to counsel groups of students for the week after the deaths of their friends. The school mental health team saw over 400 students in three days in small groups. What was especially helpful were the on-going meetings between the school and community response team which were held to formulate a response to this crisis. In the evening, clergy, community mental health and police worked actively in counselling the youth, identifying ones who were "at risk" and reaching out to them and their families.

   Three out of four of the students who committed suicide in March had already dropped out of school. The other six students who had died over the past two years were also dropouts. In identifying this problem, our own community response team, which came together as a result of these suicides, is planning to employ a community outreach officer who would follow up and counsel students who dropped out of school. While we only have a 1.9 dropout rate, it has become apparent that many of our dropouts have felt that

their alternatives our limited and they are without the structure and support of the school. We have found it invaluable for the police, borough and community mental health and school officials to work cooperatively to plan programs such as this one which address school and community needs. I am attaching a newsletter which the response team is sending to the residents of Bergenfield about other programs which are being developed.

With incentives provided by H.R. 457, cooperative community efforts would be proactive rather than reactive. School personnel and community leaders would be systematically trained in individual and schoolwide strategies for youth suicide prevention and postvention. In our community we were fortunate that many of us had known one another and had worked together in the past, but in many communities that is not the case.

3. <u>There is a need to develop, implement, and evaluate policies, procedures and programs in schools to address the need for suicide prevention and postvention.</u>

It is hard to conceive of events in the life of a school which are more disruptive than the suicide of a student. The emotions which are created are difficult to describe. Anxiety, confusion, anger, blame, guilt can all be present after a suicide act. School and community officials are under pressure to do something. Given this understandable and predictable reactivity, it is essential that sound policies and procedures be in place before a suicide crisis develops.

Certain basic questions are likely to arise, based on our experience and those of the consultants we utilized (Lamb and Maxim):

1. How and when should students and faculties be informed of the suicide?

2. When, where and how should students be allowed to express their reactions?

3. What should be done about the victim's close friends?

4. What should be done about "high risk" students?

5. Should the school hold a special assembly?

6. What should be done about the concerns of the parents?

7. How should the school deal with the media?

8. To whom should the school turn to for outside consultation and help?

With regard to suicide awarenss programs, there is a need to provide information to school personnel to identify students "at risk" and a need to improve the skills of school personnel in direct assessment and intervention.

With regard to curriculum development, research with adolescent suicide attempters has indicated that such teens lack interpersonal problem solving skills. With this in mind, curricula need to be developed which increases coping and problem solving skills. We are investigating research which is being done in this area of teaching problem solving skills and social competence to "high risk" students at both Columbia and Rutgers Universities.

In summary, it can be said that few schools which house adolescents will entirely escape dealing with the problem of adolescent suicide. For most, it will be a matter of when and how often. Underlying all this, is the necessity for planning. H.R. 457 provides the opportunities for schools and communities to become more aware of the problem, to train school personnel and community leaders in addressing the problem. It also provides incentives needed for cooperative efforts to develop, implement and evaluate suicide prevention and postvention programs.

TO THE RESIDENTS OF BERGENFIELD

The Community Response Team formed by the Borough of Bergenfield following the suicides in March, has prepared this Newsletter to inform all residents of the plans and programs being developed. This team which includes both Borough and School Officials as well as a representative of the Clergy has been working diligently to bring together all of the resources necessary to identify the services needed by our youth. The team has also utilized the services and resources of experts from outside of the Borough including the Community Center of Mental Health in Dumont, Bergen County Family Guidance, Bergen County Mental Health, and Bergen Pines Hospital. This group working together and directing all of their professional talents at the issues confronting the Borough has developed a plan of action which we feel will bring long term benefits to Bergenfield.

The Response Team believes very strongly that these proposed programs demonstrate one of the most important strengths of this fine community. That is, that all of the segments of the community have rallied together to work together and to contest those outside the community who would have us blaming each other. This community-wide approach has demonstrated once again the strength of the Borough and its ability to work in concert to achieve a common goal.

The programs have also demonstrated another fundamental strength of the Borough in the overwhelming number of volunteers who turned out to help. During the first few weeks of operating the Hot Line Telephone and the Weekend Walk-In Center, the entire system depended upon volunteers. The Bergenfield Volunteer Ambulance Corps opened their building to provide a walk-in center open to the public. Literally, hundreds of residents and concerned neighbors have spent countless hours to answer the telephone when someone needed help. The Response Team would like to thank all of those volunteers and honor their efforts on behalf of the entire Borough of Bergenfield.

The programs and plans outlined in this Newsletter are divided into four categories: school programs, municipal programs, mental health programs, and community programs. While each of these disciplines has its own responsibilities, it is important to understand that they are working in concert with each other.

These programs are now being presented to various State and Federal agencies as well as several private foundations. It is our desire to be able to obtain

sufficient funding to be able to undertake all this work without reducing any previously budgeted programs. The New Jersey Department of Community Affairs has already provided an additional $100,000., which is a significant portion of the funds required.

PUBLIC SCHOOL PROGRAMS

In response to the crisis, several steps were taken to determine appropriate short term actions while plans for the future were being developed. School personnel have visited surrounding school systems and consulted with school officials from outside this area who have had similar tragedies.

Drug and Alcohol Counselor - The student Assistance Counselor originally hired on a two day a week basis was immediately extended to three days a week, with the third day emphasizing concerns in the Middle School. It is our desire to have this position included as a full-time employee in September.

Plans to Disseminate Helpful Information - Presently being developed are lists of services that can be helpful to students in addressing problems. These lists will be helpful to parents who may want to know where to turn when concerns arise. The lists will be developed to address elementary and secondary levels and will be attached or included in most school informational publications.

Plans to Add Special Assistance Staff - One additional psychologist will be added to address the concerns of students in grades 7-12. This individual will share responsibility for the guidance and organization of the peer leadership program. He/she will be available for crisis intervention and handling problems of a social or emotional nature. This person will work closely with the middle school and high school social worker and the middle school psychologist as well as with the Student Assistance Counselor.

Middle School Parent Aides will be trained to reach out to students and their families who are experiencing adjustment problems in the school or the community, e.g , new entrants into the school or community.

Curricula Concerns - Coordinated visitations to other school districts have provided us with data and observable experiences which we can use in assessing our curricular offerings. Evaluation of units of instruction on death and dying in the social studies and health education curricula are being reviewed for modification and/or revision. Curriculum study and changes will be made prior to the commencement of the 1987-88 school year.

The Seattle Plan (Here's Looking at You, 2000), which is a comprehensive curriculum for grades K-12 dealing with drug and alcohol abuse, is being studied and considered for inclusion into our health education curriculum.

Future Workshops for Staff - Consideration will be given by the in-service committee to workshops dealing with adolescent adjustment problems, dealing with crises and coping with stress.

Peer Leadership Training - There has been considerable discussion throughout the Borough over the subject of peer counseling on peer leadership. These programs which have been successful in some communities have also raised many serious concerns in others. The Borough has tried to investigate and develop a process to enable youths to learn to help each other without overburdening them with counseling responsibilities.

Two peer leadership experts have been brought into the High School to speak to open meetings of the students to explain the process and commitment required of peer leaders. The Bergenfield Adelphi Team has been mobilized to develop problem solving team within the school system and to form the beginning of a peer leadership program. The Adelphi Team, which was formed in 1972, includes representatives of the Police, School and County, and teaches team building and problem solving techniques.

It is our plan, at this time, to identify students, school staff, and residents who will be interested in participating this June in an intensive two day problem solving seminar. The students, approximately ten per class from Grades 7,8,9,10, and 11, will be teamed with faculty members and community representatives. Each group will then be given the opportunity to identify an existing problem, experience the process of problem solving under a group leader, and become familiar with program planning techniques.

In September of 1987 a smaller group of students will be selected from the original group who participated in the Problem Solving Seminar. The students will then form the nucleus of a peer leadership program to be offered under the supervision of a school psychologist and our Student Assistance Counselor. These students will be provided with more intensified problem solving training and peer leadership skills. It is not our intention or desire to have students acting as counselors or therapists, however we are determined to provide them with access to enhance skills to help each other.

MUNICIPAL PROGRAMS

The Borough has taken several important immediate actions in response to the recent events and will be implementing several long term programs within the next few weeks. Again, these plans have all been developed in concert with the plans of the Board of Education and the Mental Health Professionals to ensure their compatibility and the coordination with their efforts.

Hot Line - 387 4045 - The Borough has operated a 24 hour hot line since the tragedy occurred in March. Originally staffed by police personnel and volunteers, the hot line is now operated by the Community Center for Mental Health and by other professionals sent by Bergen County. Still located in Borough Hall, this Hot Line is the only telephone providing direct immediate contact with a profession 24 hours seven days a week. The Borough has committed to the continuation of this service until a comparable alternative is established by Bergen County.

Community Outreach Worker - The Borough has committed to hiring a trained and qualified counselor who will be seeking out young adults in need of additional assistance. This person will function as a Borough employee with direct contacts to the School Student Assistance Counselor. This coordination between the Borough and the School will ensure that information about students or former students can be exchanged freely. The Outreach Worker will, under the supervision of mental health professionals, be able to provide counseling while at the same time providing access to the wide range of services available. Many programs and services are available to our residents, however they are unaware of them.

MENTAL HEALTH PROGRAMS

The Community Center for Mental Health has provided tremendous assistance to the Borough over the past two months. The Center provided immediate training for Hot Line Volunteers as well as providing assistance to the school personnel. The Center's staff worked closely with the Police Department to ensure that those persons in need of immediate assistance were provided access to the help they needed.

At this time the Center has announced the formation of two new free self-help groups for those left behind after the suicidal death of a loved one. Those who have been touched by suicide in the past often have found that sharing their feelings with those who have been through a similar experience can be a comforting and healing experience.

Beginning on May 6, 1987 at 7:00 P.M. there will be monthly meetings for

siblings. On May 13, 1987 at 7:00 P.M. there will be a group meeting for all survivors, including parents, spouses, children, siblings and friends. These meetings will be held monthly without a charge at the Center, 2 Park Avenue, Dumont, New Jersey. For further information about those programs or the many other services of the Center, residents are urged to call 385 - 4400.

COMMUNITY PROGRAMS

The Bergenfield Clergy Association has played a continual role in the development and coordination of the Response Team's programs. From the beginning the clergy have worked together scheduling volunteers for the Hot Line and the Walk-In Center while working within their congregations to develop support systems. This Association sponsored an Inter-Faith service of prayers for healing, opened their doors for the programs of public forums, and continues to participate in the Response Team meetings.

In addition to the community forums originally scheduled by the Response Team the churches have agreed to provide space for future programs. These programs will be sponsored by groups such as Safe Homes and will provide workshops on subjects such as family communication skills, effective preventing, listening and coping skills. All of these programs will be open to the general public and all residents are urged to take advantage of them.

Chairman HAWKINS. Thank you, Dr. Kavanagh.
The next witness is Mr. Warren Hagberg.

STATEMENT OF WARREN V. HAGBERG, CALIFORNIA PTA, BURLINGAME, CA

Mr. HAGBERG. Thank you very much, Chairman Hawkins from California. I bring you greetings, and also Congressman Martinez. It's nice to be here with you. Behind me also, I have Mrs. Millie Waterman from the National PTA, vice president for legislative activity, and also Mr. Arnold Phee, from National PTA, Director of Governmental relations, and my wife, who made the journey here with me today.

Mr. Chairman, and distinguished members of the House Subcommittee on Elementary, Secondary, and Vocational Education, I am Warren Hagberg, and representing the California State PTA and National PTA in support of H.R. 457, the Youth Suicide Prevention Act. The California State PTA is a nonprofit child advocacy supporting group comprising over 1 million members and is actively supporting education as a major means of suicide prevention. Beginning in 1980, the California PTA highlighted its concern about the burgeoning increase in youth suicide by conducting a special forum, and I was a member of that forum panel, along with Charlotte Ross at that time. A PTA advisory committee was established to further study the issue and in 1983, the California State PTA passed a resolution seeking state legislation related to suicide prevention. In 1985, the delegate assembly attending the National PTA convention, reflecting its concern that teenage suicide rates had become a national problem, called for Federal legislation seeking a partnership between the federal and state governments in providing help to yet another segment of our youth. The National PTA and California PTA is not one of those organizations who oppose H.R. 457, and Mr. Chairman, we are behind you 100 percent. I am especially grateful to Representative Tom Lantos from California who was one of the original cosponsors of Federal teenage suicide prevention legislation, Representative Gary Ackerman from New York, and Representative Roukema from New Jersey, and the others cosponsors of the legislation. And, also Representative Hawkins, from California, who's consented to schedule this hearing, and to Senator Frank Lautenberg from New Jersey, who will be introducing a companion legislation in the Senate soon.

The statistics bear witness to the fact that youth suicide is increasing at an alarming rate. The tragedy crosses all lines of our society including state lines. Suicide and attempted suicide not only affects the individual involved, but also affects the family, friends and members of the community. As Dr. Kavanagh mentioned, grief, fear, anger and doubt are but a part of the spectrum of human emotions that surface. While some stories attract national attention, the same tragic story is recreated in community after community across this Nation all too often.

In my 30 years of experience in education as a teacher and administrator, as well as my own personal experiences, I have found most people unready to deal with youth suicide. It seems to be the nature of most people to block out this tragic possibility until the

crisis develops. I can speak to this issue, because our oldest son committed suicide several years ago. It is not easy now to review this tragedy, but it is our family's hope that through positive action, preventive measures can be taken.

The ripple effect goes far beyond the immediate time and the immediate family. Close personal friends could not talk to us. We were avoided because of lack of understanding, and people not knowing what to say. Friends would even walk to the other side of the street to avoid contact. However, these reactions are really understandable, and we must recognize that those people were in pain as well as the pain in our own family.

In my position as a school principal at the time, I found that well-meaning coworkers hesitated to bring special problems of potential suicide to me because they were trying to be sensitive to my feelings. However, that issue was soon clarified and because of facing the issues and finding appropriate assistance early, I'm happy to report that potential tragedies were avoided. I believe that providing appropriate education relating to warning signs and the knowledge of available assistance, a great many of these tragedies could be avoided. Also, the availability of services to the survivors is of the utmost importance in terms of repairing the survivors' lives.

There is hope for prevention and the following are components that the California PTA and National PTA believe can make that hope a reality:

First, a National Center. A national center with an advisory council comprised of representative organizations would be an excellent vehicle for initiating and coordinating research; identifying and disseminating exemplary programs; providing demonstration grants and generally coordinating efforts to reverse the trend of this national problem. Because the problem is one of such a broad scope, a national strategy must have as its goal the education, mobilization and coordination of public and private sector organizations which would provide leadership, focus and assistance. A national center on youth suicide would provide a national strategy.

Technical and resource assistance is also important. And it's needed for school districts and communities. Coordination of preventive education, early identification, effective services, sound procedures and resources available within the community require appropriate models of organization. Action plans need to be developed for prevention and also support for the survivors should a suicide or attempted suicide occur. In my local area there are crisis intervention teams that cross agency lines providing both preventive and follow-up support.

Exemplary programs and dissemination. There are already exemplary prevention programs throughout the nation. Such initiatives as effective school curriculum, special programs sponsored by voluntary and community organizations, private sector and corporate sponsorship of programs, increased coordination among the various local level service agencies, have all been undertaken in some places. Without a centralized clearinghouse of information, and a data base, excellent programs will only be available in some areas and unknown in most others.

Research is needed focusing on the causes, early identification and prevention of youth suicide. In addition, formal evaluation of current prevention strategies is especially crucial. Organizations such as the NIAAA, NIDA and NIMH do conduct research in the areas of mental health, drug abuse and alcoholism. Special emphasis needs to be placed on youth suicide with a special focus, again, on prevention. Also, coordination of research efforts between agencies and between public and private sectors, again, is essential.

Funding, and this is a rather modest request, is required to support a national effort. Research is a must due to the variety of causes of youth suicide. The dividend will be the lives saved and the unnecessary anguish of families, friends and whole communities. Suicide is final. There is no second chance.

The resolutions passed by the California State PTA and the National PTA are sound. They represent those who are concerned about that most valuable resource—our children. H.R. 457 addresses this serious national problem on a national scope. That is why I believe this is an excellent opportunity to bring hope for prevention. I believe that by providing appropriate education relating to warning signs and knowledge of available assistance, a great many suicides and attempted suicides could be avoided, and again, quality of preventive programs could be improved and coordinated.

Mr. Chairman, there is hope for prevention, and the Congress can help in a small, but very important way. Thank you for this opportunity to testify.

Mr. GOODLING [acting chairman]. Ms. Livesey, will you continue, please?

STATEMENT OF MS. JOANNE BROKAW-LIVESEY, MEMBER, BOARD OF DIRECTORS, YOUTH SUICIDE NATIONAL CENTER, WASHINGTON, DC

Ms. BROKAW-LIVESEY. My name is Joanne Brokaw-Livesey. I'm a member of the board of the Youth Suicide National Center and I'm representing Charlotte Ross, president and executive director of the National Center, who regrettably was not able to get here from California. I guess you can say, I'm a stand-in.

Mr. Chairman, and committee members, it is a privilege to provide testimony on behalf of the Youth Suicide National Center in support of H.R. 457, the Youth Suicide Prevention Act.

The center was established in June 1985 as a nonprofit organization dedicated to mobilizing and coordinating efforts of youth suicide prevention on the local, State and national levels. Because of our growing concern over the alarming increases in young people taking their own lives, the Center has already begun programs of education, training and public awareness to help achieve the goal of preventing youth suicides and reducing the incidence of youth suicide.

Some of us often feel that the young people we know are not susceptible to feelings of pain or despair great enough to lead them to suicide. The evidence suggests, however, that youth suicide is not confined to any one economic, geographical, religious or social group. Nor is it absent from any group. Suicide, by 1984, the latest

year for which we have official statistics, has become the second most common cause of death among youth.

H.R. 457 is an important bill in providing a beginning step to utilize national resources to help more and more families, educators, mental health and medical personnel, and most importantly, our young people themselves, learn about the problem of suicide and learn that there are people in all communities who care, who want to help and who can help.

I commend the sponsors and cosponsors of H.R. 457, Representatives Ackerman, Lantos, DioGuardi, Kildee and Roukema for their efforts.

The use of educational programs in this legislation is an especially effective approach to communicating to our youngsters that there is a future which is bright and rewarding. It is important to alert the "gatekeepers" of our children, those teachers and counselors who work with them every day, to recognize suicidal clues. Often, teachers may not be aware of important distress signals from potentially suicidal children. H.R. 457 appropriately encourages the training of faculty, school administrators and community leaders to recognize presuicidal signs.

I've heard a great deal of mention already this morning, of a petition which refers to death education. I find that a most unfortunate term, and think we should begin to think of this as life education. There are many practical kinds of applications that schools are already encountering. Schools are usually the first line of institutions and agencies which deal with a problem with youth suicide.

In my former life, I was a junior high school teacher, and happened to teach in an area of the United States in which there was a rash of youth suicides. And, we, in an affluent suburban community found ourselves doing what too many school districts around the country are doing, we were reacting to a problem that we did not find ourselves able to admit could happen. The kind of legislation that is being proposed in this, would enable school districts to begin to recognize that there are practical steps that can be taken in training administrators, in training teachers, in training school nurses, in training counselors, not just to recognize the distress signals, but also to begin to develop strategies for helping students at risk. Those kinds of practical applications are made possible by this kind of legislation.

Others have mentioned some of the statistics on youth suicide. The ones I consider the most startling are regarding attempted suicide. According to Drs. Smith and Crawford in 1984, the best estimate of the number of students in America who have attempted suicide is 11 percent. This means, based on current population figures, that there are in this country, right now, over 2 million high school students who have made at least one suicide attempt at some time in their very young lives.

Mr. Chairman, these statistics are not some obscure data on a computer printout. These statistics represent the loss of our future, our children. We can no longer look at the data and simply mourn this loss. We must do something positive, constructive and educational to reduce the numbers of teenagers who see no alternative but suicide.

There are already a number of innovative programs that have had varying degrees of success to date. These include programs of classroom suicide prevention instruction, personnel training and parent awareness education, peer support groups, group counseling for high-risk students, and community based treatment programs for depressed and suicidal youth.

In addition, the Youth Suicide National Center has identified a wide variety of tasks, programs and activities that could be useful at the local and national levels to help prevent youth suicide.

The center, in 1985, cosponsored a National Conference on Youth Suicide with the Administration for Children, Youth and Families of the Department of Health and Human Services. Another important task we have undertaken has been to develop materials for use in school curricula, such as the innovative materials the Center used in conjunction with high school studies of Romeo and Juliet, using incidents in that drama to show how suicide can be prevented.

Thus, this legislation, which increases the role of the Federal Government in providing important assistance so desperately needed, is an extremely important step. Federal-local partnerships, public-private partnerships, will be vital as youth suicide prevention programs develop and expand.

By increasing the commitment of the Department of Education, and Congress, to the goals of providing educational and counseling resources for the purposes of prevention of youth suicide, this committee and the Congress as a whole, can be taking a step that could be saving future lives of future leaders of our country.

Mr. Chairman, and the committee, once again I thank you for holding these hearings and for allowing us the opportunity to present our views.

Thank you.

[The prepared statement of Joanne Brokaw-Livesey follows:]

PREPARED STATEMENT OF JOANNE BROKAW-LIVESEY, MEMBER, BOARD OF DIRECTORS, YOUTH SUICIDE NATIONAL CENTER, BEFORE THE SUBCOMMITTEE ON ELEMENTARY, SECONDARY, AND VOCATIONAL EDUCATION OF THE HOUSE EDUCATION AND LABOR COMMITTEE, MAY 13, 1987

H.R. 457—The Youth Suicide Prevention Act:

Mr. Chairman. It is a privilege to provide testimony on behalf of the Youth Suicide National Center in support of H.R. 457, the Youth Suicide Prevention Act.

The Center was established in June 1985 as a nonprofit organization dedicated to mobilizing and coordinating efforts of youth suicide prevention on the local, state and national levels. Because of our growing concern over the alarming increases in young people taking their own lives, the Center has begun programs of education, training and public awareness to help achieve the goal of preventing youth suicides and reducing the incidence of youth suicide.

You may be approaching these hearings with a mix of questions, concerns and apprehensions. The topic of youth suicide is one that scares most of us, and understandably so. One common reaction to the fears that we have about youth suicide is to avoid the topic in the belief that talking about it will make it happen. However, it is our view that not talking about it creates barriers for young people trying to understand what they are feeling. More importantly, talking can be one of the most effective means of suicide prevention.

You may also feel that young people you know are not susceptible to feelings of pain or despair great enough to lead them to suicide. The evidence suggests, however, that youth suicide is not confined to any one economic, geographical, religious or social group. Nor is it absent from any group. Suicide, by 1984—the latest year

for which we have official statistics—has become the second most common cause of death among youth.

H.R. 457 is an important bill in providing a beginning step to utilize national resources to help more and more families, educators, mental health and medical personnel, . . . and most important, our young people themselves . . . learn more about the problem of suicide and learn that there are people in all our commuties who care, who want to help and who can help.

I commend the sponsors and co-sponsors of H.R. 457, Congressmen Ackerman, Lantos, DioGuardi and Kildee, for their efforts.

The use of educational programs in this legislation is an effective approach to communicating to our youngsters that there is a future which is bright and rewarding. It is important to alert the "gatekeepers" of our children—especially their teachers and counsellors—to suicidal clues. Often, teachers may not be aware of important distress signals from potentially suicidal children. H.R. 457 appropriately encourages the training of faculty, school administrators and community leaders to recognize presuicidal signs.

In 1975, as the Director of the San Mateo County Suicide Prevention and Crisis Center, I formulated an education program for school personnel. This program grew out of our experience in providing consultation and survivor counseling to schools after a student suicide. On several occasions, I was a struck by how often teachers recounted information that could have provided clues to a potential suicide, if they had been aware of the significance of a child's behavior. Consequently, I, like others, reasoned that with the adolescent world, key potential identifiers of high-risk adolescents were teachers, counsellors or school nurses, and it was this group that we first sought to mobilize as the most likely potential rescuers. I am pleased that H.R. 457 follows many of the precepts of the San Mateo program.

Others have mentioned some of the statistics on youth suicide. The ones I consider the most startling are those regarding attempted suicide. According to Drs. Smith and Crawford (1984), "the best estimate of the number of students in America who have attempted suicide is 11%." This means, based on current population figures that there are in this country over 2 million high school students who have made at least one suicide attempt at some time in their young lives.

Mr. Chairman, these statistics are not some obscure data on a computer printout. These statistics represent the loss of our future—our children. We can no longer look at the data and simply mourn the loss of our youth. We must do something positive, constructive and educational to reduce the numbers of teenagers who see no alternative but suicide.

There are a number of innovative programs that have had various levels of success to date. These include programs of classroom suicide prevention instruction, personnel training and parent awareness education, group counseling for high-risk adolescents, and community-based programs for depressed and suicidal youth.

In addition, the Youth Suicide National Center has identified a wide variety of tasks, programs, and activities that could be useful at the local and national levels to help prevent youth suicide. These include:

Operating an information clearing house;

Developing and distributing educational materials;

Coordinating a national awareness campaign;

Providing educational programs and related services;

Reviewing current youth suicide prevention programs and developing models which can be responsive to the needs of diverse groups in communities across the country;

Supporting and encouraging self-help groups and services for survivors;

Encouraging accelerated research focused on the causes and prevention of youth suicide;

Establising a national toll-free Hotline to respond to depressed and suicidal youth and their families; and

Helping the media understand the problem and providing guidance to the media for careful reporting of suicide incidents.

The Center in 1985 co-sponsored a National Conference on Youth Suicide with the Administration for Children, Youth and Families of the Department of Health and Human Services. Another important task has been to develop materials for use in school curriculum, such as the innovative materials the Center has used in conjunction with high school studies of "Romeo & Juliet" using incidents in that drama to show that suicide can be prevented.

Tragically, we are faced with a national problem. Sadly, the hot-lines, mental health units, suicide prevention centers and educational efforts being undertaken at the local level cannot begin to do all that must be done, given their meager re-

sources. The Youth Suicide National Center has been funded totally from private funds, and, although we are hopeful our operations can continue to grow, we are not yet in a position to undertake the wide scope of activity necessary to launch a comprehensive national effort to eliminate youth suicide.

Thus, this legislation, which increases the role the Federal Government can play in providing important assistance so desperately needed now, is an extremely important step. Federal-local partnerships, and public-private partnerships, will be vital as youth suicide prevention programs develop and expand.

By increasing the commitment of the Department of Education, and the Congress, to the goals of providing educational and counseling resources for the purposes of prevention of youth suicide, this committee, and the Congress as a whole, can be taking a step that could be saving future lives of future leaders of our country.

Mr. Chairman, I once again thank you for holding these hearings, and for allowing us the opportunity to present our views.

Chairman HAWKINS [now presiding]. I would ask at this time, with unanimous consent, that Senator Lautenberg's prepared statement be entered into the record, since he was unable to be here today.

[The prepared statement of Senator Lautenberg follows:]

STATEMENT BY SENATOR FRANK R. LAUTENBERG May 13, 1987
TO SUBCOMMITTEE ON ELEMENTARY, SECONDARY, AND VOCATIONAL EDUCATION

PREVENTING YOUTH SUICIDE

CHAIRMAN HAWKINS AND MEMBERS OF THE SUBCOMMITTEE, I APPRECIATE THE OPPORTUNITY TO SPEAK TO YOU THIS MORNING. I COMMEND YOU FOR YOUR INTEREST IN THE TRAGIC ISSUE OF YOUTH SUICIDE.

THE FULL IMPACT OF THIS PROBLEM WAS BROUGHT HOME TO US IN NEW JERSEY RECENTLY. WE WERE SHOCKED AND TROUBLED BY THE TRAGIC DEATHS OF FOUR YOUNG PEOPLE IN BERGENFIELD, AND THE DEATHS AND ATTEMPTED SUICIDES THAT HAVE FOLLOWED.

YOUTH SUICIDE IS AT ALARMINGLY HIGH LEVELS IN THIS COUNTRY. ABOUT 11 PERCENT OF HIGH SCHOOL SENIORS--NEARLY 2 MILLION-- HAVE MADE AT LEAST ONE ATTEMPT AT SUICIDE. BETWEEN 5000 AND 6000 YOUNG PEOPLE SUCCEED IN KILLING THEMSELVES EACH YEAR.

EXPERTS THINK THAT MANY DEATHS THAT ARE CALLED ACCIDENTS ARE REALLY SUICIDES. FOR PEOPLE BETWEEN THE AGES OF 15 AND 24, SUICIDE IS THE THIRD HIGHEST CAUSE OF DEATH AFTER ACCIDENTS AND HOMICIDES. AND THE DANGER IS GROWING. THE RATE OF YOUTH SUICIDES IS NOW 300% HIGHER THAN IT WAS IN 1950.

THIS IS AN EPIDEMIC. BUT IT IS TREATED LIKE A DIRTY SECRET THAT NO ONE WANTS TO MENTION. WHEN A SUICIDE, OR A NUMBER OF SUICIDES, OCCUR IN A COMMUNITY, THERE IS CONCERN. THERE IS

BEWILDERMENT. THERE ARE MANY UNANSWERED QUESTIONS. AND THERE IS GUILT.

EXPERTS ARE PARADED BEFORE THE PUBLIC, ON TELEVISION, IN THE NEWSPAPERS. THEY POINT TO WARNING SIGNS. THEY CALL FOR MORE HOTLINES, MORE COUNSELING, MORE COMMUNITY RESOURCES.

BUT REALLY NO ONE KNOWS WHAT LEADS ONE YOUNG PERSON TO GIVE UP ON LIFE AND ANOTHER TO OVERCOME ADVERSITY, TO SAY "YES" TO LIFE. A THOUGHTFUL WITNESS AT A CONGRESSIONAL HEARING A YEAR AGO CAPTURED THE QUESTION. HE SAID IT'S A COMPLEX PROBLEM. IT IS DEEPLY INVOLVED IN OUR SOCIETY. AND IT IS NOT SOMETHING WE CAN CURE WITH A DRUG OR AN INNOCULATION, WHICH WILL MAKE IT GO AWAY LIKE POLIO OR MEASLES.

IN OUR COUNTRY WE HAVE THE HEALTHIEST, MOST EDUCATED, MOST INVOLVED, AND MOST INTELLIGENT YOUNG PEOPLE. AT THE SAME TIME WE HAVE YOUNG PEOPLE WHO SEEM BENT ON SELF-DESTRUCTION--WITH DRUGS--WITH ALCOHOL--WITH SUICIDE.

FROM THIS OVERVIEW, I DRAW TWO BROAD CONCLUSIONS ABOUT THE SUICIDE PROBLEM. FIRST, WE OBVIOUSLY NEED SOME NEAR-TERM PROGRAMS, SOME FIRST-AID. TEACHERS, PARENTS, THE COMMUNITY NEEDS TO LEARN WHAT THE DANGER SIGNS ARE IN A TROUBLED CHILD. COUNSELING AND THERAPY MUST BE AVAILABLE. NO CHILD SHOULD FEEL SO ALONE IN THE WORLD THAT HIS ONLY CHOICE IS TO LEAVE IT. AND THOSE WHO ARE LEFT BEHIND AFTER A SUICIDE NEED HELP, TOO.

SECOND, FOR THE LONGER TERM, WE NEED MORE AND BETTER RESEARCH. WE JUST DO NOT KNOW ENOUGH ABOUT WHAT WORKS WITH

THESE KIDS AND WHAT DOES NOT. AND THE FINDINGS MUST BE WIDELY DISSEMINATED. EVERYONE WHO HAS A SIGNIFICANT CONTACT WITH CHILDREN SHOULD HAVE THE BEST INFORMATION.

IN SHORT, COMMUNITIES NEED TO PLAN. THEY NEED TO TAKE STOCK OF THEIR RESOURCES, DECIDE WHAT THEY WANT TO ACCOMPLISH, AND DECIDE WHAT THEY NEED TO DO TO ACHIEVE THEIR GOALS.

IN MANY AREAS, SCHOOLS AND LOCAL GOVERNMENTS ARE ALREADY TRYING TO DO THESE THINGS. BETTER COORDINATION IS NEEDED. AND SEED MONEY IS NEEDED FOR PLACES THAT DO NOT YET HAVE PLANS OR PROGRAMS UP AND RUNNING.

I THINK THE FEDERAL GOVERNMENT HAS A ROLE TO PLAY. IT CAN PROVIDE THE SEED MONEY. IT CAN SUPPORT THE RESEARCH. AND THEN IT SHOULD YIELD TO THE PARENTS, TEACHERS, CLERGY, THE COMMUNITY. LET THEM USE THIS INFORMATION TO FIND THE BEST WAY TO HELP THEIR OWN KIDS.

I AM INTRODUCING LEGISLATION TODAY TO DO THIS. UNDER THE BILL, THE DEPARTMENT OF EDUCATION WOULD HELP COORDINATE FEDERAL PROGRAMS AND INFORMATION RELATING TO THE PREVENTION OF YOUTH SUICIDE. THE DEPARTMENT WOULD SERVE AS A LIAISON BETWEEN THE FEDERAL GOVERNMENT AND THE ORGANIZATIONS CONCERNED WITH THE PREVENTION OF YOUTH SUICIDE. THE DEPARTMENT WOULD ALSO PREPARE AN ANNUAL SUMMARY OF RESEARCH ON EFFECTIVE PROGRAMS IN THIS FIELD.

THE BILL PROVIDES FOR A NATIONAL HOTLINE AND A NATIONAL RESOURCE CENTER AND CLEARINGHOUSE FOR YOUTH SUICIDE,

TRAINING FOR PEOPLE WHO WILL TRAIN OTHERS IN SERVICES FOR SUICIDE PREVENTION, A PUBLIC AWARENESS CAMPAIGN, TECHNICAL ASSISTANCE TO STATE AND LOCAL EDUCATION AGENCIES AND ORGANIZATIONS INVOLVED IN SUICIDE PREVENTION ACTIVITIES, AND DISSEMINATION OF INFORMATION ABOUT EFFECTIVE PROGRAMS. THESE PROGRAMS WOULD BE CONTRACTED TO OUTSIDE ORGANIZATIONS.

AN ADVISORY BOARD ON YOUTH SUICIDE WOULD BE ESTABLISHED TO PROVIDE ADVICE AND EXPERTISE TO THE SECRETARY OF EDUCATION. THE ADVISORY BOARD WOULD HAVE NINE MEMBERS, THREE EACH APPOINTED BY THE PRESIDENT, THE SENATE AND THE HOUSE OF REPRESENTATIVES. THE APPOINTMENTS WOULD BE CHOSEN FROM NAMES RECOMMENDED BY GROUPS REPRESENTING PARENTS, TEENS, EDUCATORS, COUNSELORS, MENTAL HEALTH ORGANIZATIONS, PHYSICIANS, NURSES, BUSINESSES, PRINT AND BROADCAST MEDIA, AND ORGANIZATIONS CONCERNED WITH YOUTH MENTAL HEALTH AND SUICIDE.

THE DEPARTMENT OF EDUCATION WOULD MAKE GRANTS TO LOCAL SCHOOL DISTRICTS AND PRIVATE NONPROFIT AGENCIES TO MAKE PLANS FOR COORDINATED SUICIDE PREVENTION SERVICES. THE PLANS WOULD COVER AWARENESS ACTIVITIES, TRAINING, COUNSELING OF YOUTH WHO HAVE ATTEMPTED SUICIDE AND FAMILY AND FRIENDS OF THOSE WHO HAVE COMMITTED SUICIDE, AND COORDINATION WITH RELATED ACTIVITIES.

GRANTS WOULD ALSO BE MADE TO PUBLIC AND PRIVATE ORGANIZATIONS FOR DEMONSTRATION AND EVALUATION OF INNOVATIVE PROGRAMS FOR SUICIDE PREVENTION. ANOTHER GRANT PROGRAM WOULD SUPPORT RESEARCH PROJECTS TO EVALUATE EXISTING PROGRAMS AND IDENTIFY RISK FACTORS. FINALLY GRANTS WOULD BE MADE TO IMPROVE DATA COLLECTION ON COMPLETED AND ATTEMPTED SUICIDES.

AND IDENTIFY RISK FACTORS. FINALLY GRANTS WOULD BE MADE TO IMPROVE DATA COLLECTION ON COMPLETED AND ATTEMPTED SUICIDES.

THE NATIONAL HOTLINE AND RESOURCE CENTER AND CLEARINGHOUSE WOULD BE ESTABLISHED AS PUBLIC-PRIVATE PARTNERSHIPS. THE NATIONAL HOTLINE WOULD BE PARTICULARLY HELPFUL FOR YOUNG PEOPLE AND THOSE CLOSE TO THEM WHO LIVE OUTSIDE MAJOR METROPOLITAN AREAS. IN AREAS WHICH COULD NOT SUPPORT A LOCAL HOTLINE, ESPECIALLY A 24-HOUR ONE, THE NATIONAL HOTLINE COULD FILL A GAP AND COULD REFER PEOPLE TO LOCAL SERVICES.

THE PLANNING AND DEMONSTRATION GRANTS WOULD REQUIRE A 25 PERCENT MATCHING SHARE. AGAIN, THESE GRANTS COULD SUPPORT PUBLIC-PRIVATE PARTNERSHIP ACTIVITIES. THE TOTAL FIRST YEAR AUTHORIZATION WOULD BE $11 MILLION. THE AUTHORIZATION OVER THE REMAINING 3 YEARS WOULD DECLINE, TO MAKE CLEAR THAT THIS IS A PROGRAM OF SEED MONEY INTENDED TO LEVERAGE OTHER PUBLIC AND PRIVATE FUNDING SOURCES.

THROUGH THE PLANNING GRANTS, I EXPECT THAT LOCAL EDUCATORS, FAMILIES, AND COMMUNITY LEADERS WOULD WORK TOGETHER TO DECIDE WHAT IS BEST FOR THEIR COMMUNITY TO DO TO PREVENT THE TRAGEDY OF YOUTH SUICIDE AND TO DEAL WITH THE AFTERMATH WHEN A SUICIDE OCCURS. ADULTS IN DAILY CONTACT WITH YOUNG PEOPLE--SUCH AS PARENTS, SCHOOL ADMINISTRATORS, TEACHERS, COUNSELORS, RELIGIOUS LEADERS, COACHES, COMMUNITY LEADERS--AND YOUNG PEOPLE THEMSELVES, NEED TO BE MORE AWARE OF THE CLUES AND WARNING SIGNS PROVIDED BY YOUTHS CONTEMPLATING SUICIDE. THEY NEED TO HAVE MORE INFORMATION ABOUT HOW TO HELP THESE YOUNG PEOPLE AND HOW TO REFER THEM TO APPROPRIATE COUNSELING AND OTHER PROFESSIONAL

SERVICES. IF THE ENTIRE COMMUNITY CAN WORK TOGETHER TO SHOW THEIR CARING FOR THE YOUNG PEOPLE IN THEIR MIDST, THEN PERHAPS WE CAN AVERT MORE OF THESE TRAGEDIES.

THE DEMONSTRATION PROGRAM, RESEARCH AND DATA COLLECTION GRANTS WILL PROVIDE THE BACK-UP, THE FOUNDATION OF KNOWLEDGE THAT WILL SUPPORT THE PLANNING EFFORTS. WE NEED TO KNOW MORE ABOUT WHAT CAUSES SUICIDE AND WHAT CAN STOP IT, BUT WE CANNOT WAIT UNTIL WE HAVE PERFECT KNOWLEDGE TO DO SOMETHING. THAT IS WHY MY PROPOSAL CONTAINS A MIX OF NEAR-TERM COMMUNITY EFFORTS AND LONG-TERM RESEARCH.

TO SUM UP, CHILDHOOD AND YOUTH SHOULD BE HAPPY TIMES--TIMES OF LEARNING --AND YEARNING, DREAMING OF A BRIGHT TOMORROW. WE NEED TO TAKE AWAY THOSE THINGS THAT CAST A SHADOW ON TOMORROW. WE NEED TO ENCOURAGE THE DREAM.

UNDERSTANDING AND FIGHTING YOUTH SUICIDE IS ONE STEP. THE FOUNDATION FOR TOMORROW IS TRULY FOUND IN THE BEST POSSIBLE EDUCATION.

Mr. HAWKINS. Dr. Beverly Celotta.

STATEMENT OF DR. BEVERLY KAY CELOTTA, PRESIDENT, CELOTTA, JACOBS, AND KEYS ASSOCIATION, REPRESENTING, AMERICAN ASSOCIATION FOR COUNSELING AND DEVELOPMENT, WASHINGTON, DC

Dr. CELOTTA. My notes say to say, good morning to you all, good afternoon. And because it is the afternoon, I will really try to keep my remarks as brief as I can.

Thank you, Mr. Chairman, and all members of the subcommittee, for allowing the American Association for Counseling and Development to testify here today.

My name is Dr. Beverly Celotta. I'm president of Celotta, Jacobs and Keys Associates in Gaithersburg, MD. I am a psychologist.

I have worked in suicide prevention with schools, with counties, with States, with agencies, with individuals, and also over the past 10 years I've studied the mental health needs of students across the United States, and I've come to realize the urgency of designing suicide prevention programs.

I'm going to very quickly touch on four requirements, the four things we need to think about when we're designing these programs.

The first thing is that we have to conceptualize this very complex problem in a concrete and meaningful way. And what I like to do is envision a huge spider web, and the outer strands of this spiderweb represents societal causes of suicide, such as irresponsible media reporting. As we move inward on the spider web, we can look at group causes, such as alienation from the family and peer pressure. And moving still further in, we see psychological causes such as hopelessness, helplessness, depression, impulsiveness. Moving further in, we see biochemical causes, such as drug use and low levels of serotonin, and finally in the very center of this web, we see genetic causes, such as predisposition to depression.

And I imagine a youngster stuck in this web. And from the youngster's perspective this is a web of stress. From the youngster's perspective, there is no way out of this web. From the youngster's perspective, they're going to be struggling in that web forever, and from the youngster's perspective, the only release from this web is death.

Over ten years of research with youngsters has confirmed this web analogy. Youngsters are overwhelmed by the pressures of life. They do have limited coping skills and they have a limited access to supportive adults.

What we must do when we design programs, then is to make sure we have a comprehensive approach to stress. We have to start in early childhood helping youngsters avoid stress, that's avoidable, by getting rid of child abusers and drug pushers. We have to teach all youngsters to cope with unavoidable stress. We have to give them problem-solving skills, stress management skills. We have to support those youngsters when the stress becomes unmanageable. We have to provide crisis intervention and treatment for those youngsters who are suicidal. And finally, we have to provide support to all youngsters after suicidal incide· have occurred.

Since our youth are members of families, school, work, religious and other community groups, we need responsive, enlightened, responsive, caring adults and peers in all of these settings, and that's my third requirement. This would probably mean that we would need an advisory committee that was composed of counselors, teachers, administrators, parents and representatives from the community, such as mental health agencies, hospitals, religious and other community groups and businesses that employ youth.

The final——

Mr. GOODLING [acting chairman]. Dr. Celotta, I want to explain what's going on up here. You have heard the bells. When the first bells rang they ran to vote. When they get back, then I'll run over to vote. We are trying to keep the hearing going and at the same time go and vote on the floor.

Dr. CELOTTA. Am I all right though?

Mr. GOODLING. Yes, you can continue.

Dr. CELOTTA. OK.

The final requirement is that we need to build our programs in a very systematic way, and H.R. 457 allows for that flexibility in allowing communities to design their own programs. A systematic approach will allow resources, and we don't have that many, to be used efficiently and effectively. It will allow for problems to be quickly detected and corrected, and it will allow success to be measured.

Counselors can help in numerous ways in developing and implementing programs. They can network with others, they can coordinate the prevention effort. They can teach life skills, such as problem-solving and stress management. They can counsel youngsters not yet at risk, but who have serious personal problems. They can teach communities about risk factors and ways to refer the suicidal youngster. They can monitor suicidal youngsters, and they can support the community after a crisis.

Suicide knows no cultural or economic barriers. I am not the first person here to say that today. When one considers how many youngsters are heading for a slow death by drugs, or alcohol, or anorexia, and how many youngsters plan, attempt and commit suicide, how many other youngsters must interact daily with these children, how many others experience via the media the tragedies in other communities, we realize suicide effect virtually all of our youth. We at AACD believe we have moral mandate to deal with this issue now. We believe H.R. 457 is a very positive and needed step in preventing this tragic loss of lives.

On behalf of our membership, we thank you for the opportunity to testify today.

[The prepared statement of Dr. Beverly Kay Celotta follows:]

American Association for
Counseling and Development
5999 Stevenson Avenue, Alexandria, Virginia 22304 703/823-9800

Testimony of

Dr. Beverly Kay Celotta

on behalf of the
American Association for Counseling and Development

Before the

United States House of Representatives
Committee on Education and Labor
Subcommittee on
Elementary, Secondary and Vocational Education

Hearing on H.R. 457
The Youth Suicide Prevention Act

May 13, 1987

Washington, D.C.

Testimony of Dr. Beverly Kay Celotta
May 13, 1987

Good morning. Mr. Chairman and Members of the House Subcommittee on Elementary, Secondary and Vocational Education, my name is Dr. Beverly Kay Celotta, and I am the President of Celotta, Jacobs and Keys Associates in Gaithersburg, Maryland.

Today, I speak to you on behalf of the 58,000 members of the American Association for Counseling and Development, an organization comprised of counselors, counselor educators and related human development professionals. Our members can be found working in various settings including: elementary and secondary schools, postsecondary institutions, community mental health centers, rehabilitation facilities, and private practice.

Our membership wishes to express its thanks for the opportunity to share with the Subcommittee our views concerning H.R. 457, the Youth Suicide Prevention Act.

Representative Ackerman is to be congratulated for his perseverance in introducing H.R. 457 along with those who are cosponsors. Chairman Hawkins, you and your colleagues must be recognized for today's hearing.

Mr. Chairman and Members of the Subcommittee, I am here to tell you that AACD strongly urges your support of H.R. 457. The growing number of students attempting or committing suicide is not something that we as counseling professionals, nor you as elected officials, can disregard.

In my work with school professionals, parents and students, I have come to realize how important it is to raise people's awareness regarding the incidence of youth suicide, and more importantly, to train them to identify and use strategies and techniques to alleviate a potentially self-destructive situation.

In my suicide prevention efforts with individuals, schools, agencies, counties and states, and in my research efforts studying the mental health needs of students, I have come to realize how urgent is our need to design effective youth suicide prevention programs.

The first requirement for building such programs is to conceptualize the problem of youth suicide in a concrete and meaningful way. I visualize a large spider web with the outer strands of the web

-Continued-

representing societal factors contributing to youth suicide, such as irresponsible reporting by the media. As we move inwards on the web the strands represent group factors such as previous suicide by a family member or peer pressure. Still further in we see psychological causes such as depression, hopelessness and impulsiveness. In the center of the web are the biochemical and genetic factors such as drug use, decreased levels of serotonin and a genetic predisposition to depression.

Stuck in the center of this web is a struggling youngster. From the suicidal youngster's perspective this is a web of stress. From the youngster's perspective there is no way out of this web. From the youngster's perspective the struggle will go on forever. And from the youngster's perspective the only release from the struggle is death.

Based upon over ten years of research identifying the mental health needs of students, we believe that we are seeing a generation of youngsters who are overwhelmed by the pressures of life, who have limited coping skills to deal with these pressures and who have limited access to adults when they need support.

The second requirement in building effective prevention programs is to make sure that our programs provide a comprehensive approach to helping youngsters deal with stress. We must help all youngsters, starting in early childhood, avoid stresses in their environment. We must teach them to deal with those stresses that are unavoidable. We must support those youngsters who are experiencing unmanageable stress and provide crisis intervention and treatment services for those who need them. And we must help all youngsters get back to normal after a suicide attempt or completion has occurred.

Since our youth are members of home, school, work, religious and other community groups, the third requirement is that there be enlightened, responsive, caring adults and peers in all of these settings so that all youngsters can get the education and support they need and so that youngsters "at risk" can be identified and referred. To provide that help there must be a programming team composed of school counselors, teachers, administrators and students as well as representatives such as those from community mental health agencies, hospitals, religious and other community organizations and businesses that employ students.

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The fourth requirement is that the program be developed in a systematic way to address the specific needs of each community. We commend H.R. 457 for its flexibility in allowing communities to design their own programs. A systematic approach helps to assure that resources are used efficiently and effectively, that problems can be detected and corrected quickly and that success can be measured.

Counselors in both schools and other community agencies can play a vital role in helping to meet the requirements of a comprehensive suicide prevention effort. In their unique position in a school community they can easily network with others and coordinate the prevention effort. They can teach youngsters life skills such as problem-solving and stress management skills. They can counsel individual youngsters who are not yet "at risk" but who are having serious personal problems. They can help the school and community become aware of risk factors, teach them strategies for dealing with youngsters under stress and inform them about referral sources for the suicidal youngster. They can assist with monitoring youngsters after a suicidal crisis. They can help provide support and counseling to a community after a suicidal tragedy.

Every youngster is affected by suicide; it knows no cultural nor socio-economic boundaries. When one considers how many youngsters are taking the "slow" path to death by drugs and alcohol or anorexia, and how many plan, attempt or commit suicide, and how many others interact daily with these troubled youth, or experience via the media the tragedies in other communities, we come to realize that suicide effects virtually all of our youth. We at AACD believe we have a moral mandate to deal with this issue now.

Mr. Chairman and Members of the Subcommittee, I would like to tell you that we have the answer to this tragic epidemic--unfortunately, I cannot. However, our association does believe that H.R. 457 is a positive step in preventing our nation's youth from taking their lives. H.R. 457 is long overdue.

On behalf of our membership, I would again like to thank the Subcommittee for the opportunity to testify today and want you to know that the American Association for Counseling and Development truly does stand ready to assist you as you deliberate the need for H.R. 457.

Thank you.

Mr. GOODLING. The committee will stand in recess until the others return while I go vote. So, if you will just wait.

[Recess.]

Chairman HAWKINS [now presiding]. Ladies and gentlemen, the committee is called to order.

The Chair would like to announce that because of a pending vote in the House on the debt limit, we will have in just a few minutes, another vote, so we'll have another interruption, and instead of asking the witnesses to remain, for what may be a rather extended period of time for voting, the Chair would like to suggest that the members submit to the witnesses a list of questions concerning their testimony, and ask the witnesses to respond in writing. I think in that way we can complete the hearing, accommodate the witnesses, and also allow the members to vote on the debt limit and other matters which are of interest I'm sure to the witnesses as well.

If there is any—we may have a minute or two and if there is any particular confusion created by this process, I would like to give any of the witnesses an opportunity to respond and to indicate whether or not they would be willing to respond in writing to any questions from members of the committee.

I see a nod of approval, and with that the Chair would like to respectfully apologize and to thank the witnesses for their appearance this morning. I think it's been a good hearing, and we certainly appreciate the cooperation and testimony as well of the witnesses.

With that, the committee is adjourned.

[Whereupon, at 12:30 p.m., the committee was adjourned.]

[Additional material submitted for the record follows:]

Family Research Council of America, Inc.
POLICY PERSPECTIVES
Family Research Council • 515 Second Street, Northeast, Capitol Hill • Washington, D.C. 20002 • (202) 546-5400

TEEN SUICIDE PREVENTION PROGRAMS: THE RESULTS COULD BE DEADLY

A recent spate of youth suicides has heightened interest in several bills before Congress which would promote greater public awareness of teen suicide and provide federal monies for suicide prevention programs in public schools. While the suicide rate for young people has actually leveled off since peaking in 1977, supporters of government-sponsored youth suicide prevention programs believe the current rate (roughly 12 per 100,000 people aged 15-24) merits a public response.

If good intentions were the only prerequisite for initiating a new government program, then many suicide prevention efforts would be worthy of taxpayer funding. But good intentions alone do not insure good programs. And while there is reason to be concerned about the problem of teen suicide, there is even greater reason to be concerned that some efforts to attack the problem head-on may do more harm than good.

Suggestion and Suicide

Dr. Steven Stack, an Auburn University sociologist, has conducted a series of research studies on suicide during the last decade. In his most recent study, he found that national news stories and televised dramas about suicide often trigger an increase in the suicide rate among young people. This finding suggests that public discussion of suicide often exacerbates the problem.

Accordingly, efforts to reduce teen suicide through classroom discussion or increased public awareness may not only fail -- they may backfire. As Mitch Anthony of the National Suicide Help Center put it, "Programs that merely teach teens facts about suicide are more destructive than helpful."

This does not mean that there is nothing that can be done to stem the tide of youth suicides. Instead, it means that efforts to reduce teen suicide should seek to address many of the root causes of suicide rather than attacking the problem through well-meaning public awareness campaigns and classroom discussions.

Note: Nothing written here is to be construed as necessarily reflecting the views of the Family Research Council or as an attempt to aid or hinder the passage of any bill before Congress.

Factors Often Associated With Youth Suicide

What are some of the root causes of youth suicide? While there is still much to be learned about why young people commit suicide, social science research has identified the following variables as the most common factors associated with suicidal behavior:

* Divorce and father absence. Nearly three-fourths (71%) of all youth suicides are committed by individuals from broken homes, many of whom blame themselves for their parents' divorce. Moreover, a recent study of suicidal females by Drs. Lynda Warren and C. Tomlinson-Keasey showed a high correlation between suicide and the absence of paternal involvement in child rearing.

* Family dysfunction. Apart from documenting the link between suggestion and suicide, Stack has found that adolescent suicide victims are more likely than other teens to come from homes characterized by recurrent yelling, dominant mothers, lack of affection, neglect of children for career, geographic mobility, nagging parents, and too much or too little discipline. He says that a chaotic family life increases psychological states such as depression, guilt, hopelessness, and anxiety which are amenable to suicidal behavior.

* Lack of self-esteem and religiosity. While the link between poor self-esteem and suicide will surprise no one, the association between suicide and religious orientation may. Stack found that suicide rates are significantly higher among individuals who do not attend formal worship services than among those that do. Several other studies have confirmed these findings. Stack believes religion can reduce suicidal potential by giving people a sense of hope and by encouraging them to persevere through difficult struggles.

Policy Recommendations

So what can be done to reduce teen suicide in this country? Based on the research evidence, it appears that society's two bedrock institutions -- the family and religion --- hold the key. Just as the demise of these two institutions has greatly contributed to the current problem, it stands to reason that a reinvigoration of family life and religious activity in this country would, among other things, bring down the teen suicide rate.

This recommended antidote for addressing the teen suicide problem does not really lend itself to significant government intervention. Instead, it requires a wider cultural transformation of the way our society views the family and religion. While there are those who would say that strong family life and high religious involvement are things of the past, it is important to recognize that no social trend is irreversible.

Obviously, public officials are limited in the degree to which they can help bring about a cultural transformation of this kind. After all, they cannot pass laws to make parents love their kids or to make teens believe in God. But they can play a role. They can use the "bully pulpit" to help shape our nation's consciousness about the importance of family and religious values. Moreover, they can develop a set of criteria to use as a basis for evaluating the anticipated effects on the family of various public policy initiatives. Such a Family Impact Statement would ensure that our nation's leaders are continually considering the needs of America's families when they make policy decisions.

Conclusion

Our nation's teen suicide problem cannot be solved through well-intentioned public awareness campaigns or classroom discussions. Indeed, efforts of this kind may do more harm than good.

According to the social science research available, the key to reducing suicide appears to be a wider cultural reinvigoration of family life and religious involvement. While this antidote does not lend itself to significant government intervention, public officials can play a role by using the bully pulpit to extol the virtues of religious and family values and by adopting a government-wide Family Impact Statement to assess the effects on the family of various policy initiatives.

-- Bill Mattox
May, 1987

Maryland Association of Student Councils
Charting Directions for the 80's
affiliated with the National Association of Student Councils

May 13, 1987

MEMORANDUM

TO: Congressman Augustus F. Hawkins
Members of the Subcommittee on Elementary, Secondary, and Vocational Education

FROM: Annette E. Barkley, MASC Legislative Affairs Director

SUBJECT: H.R. 457

Good morning Congressman Hawkins and members of the Subcommittee on Elementary, Secondary, and Vocational Education.

My name is Annette Barkley. I am the Legislative Affairs Director for the Maryland Association of Student Councils (MASC), which is a student organization sponsored by the Maryland State Department of Education. As a legislative liaison for MASC, I am testifying today in support of H.R. 457, dealing with grants for youth suicide prevention programs.

For your information I have attached two graphs which show the trends of youth suicide in Maryland and the United States from 1970-1984. These graphs were presented to the Maryland Gubernatorial Task Force for Child, Teenage, and Young Adult Suicide Prevention and Other Associated Mental Health Disorders by Dr. David N. Neubauer and Marylou Knapp. The graphs show that the increasing rate of youth suicide in Maryland is very similar to the rate of increase nationwide.

This is an ideal time for the students of Maryland to take a stand favoring the establishment of youth suicide prevention programs. Governor William Donald Schaeffer has declared May Child and Youth Month in Maryland; and, the week of May 17-23 will be proclaimed Youth Suicide Prevention Week. The students of Maryland are pleased to see that our state political leaders are taking action to prevent young people from taking their own lives.

Often times, young people believe that their feelings and concerns are not understood by the adults in their lives. When Charlotte Ross, President /Executive Director of the Youth Suicide National Center, testified before the 1986 Maryland General Assembly in favor two bills dealing with youth suicide prevention she stated that over ninety per cent of students, when asked who they would want to talk to if they were seriously considering suicide, chose another student as their first choice over parent, teacher, couselor, or minister. Therefore, the person most likely to know that a student is in serious trouble is another student. Thus, students need to know what steps should be taken if they suspect or are aware that someone is considering suicide.

Maryland State Department of Education 659-2000 200 W. Baltimore St. Baltimore, Maryland 21201-2595

Maryland Association of Student Councils
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Youth suicide is preventable. Ninety per cent of suicide attempts take place in the home and seventy per cent occur when parents are home. Most teenagers attempt and complete suicide between 3 p.m. and midnight, when someone is likely to be home. These are indicators that young people do not want to die - they are crying for help by attempting suicide. The discouraging factor is that when a young person has a problem, he may reach a point at which he is unable to cope with it anymore, and he sees no alternative but to attempt to end his life.

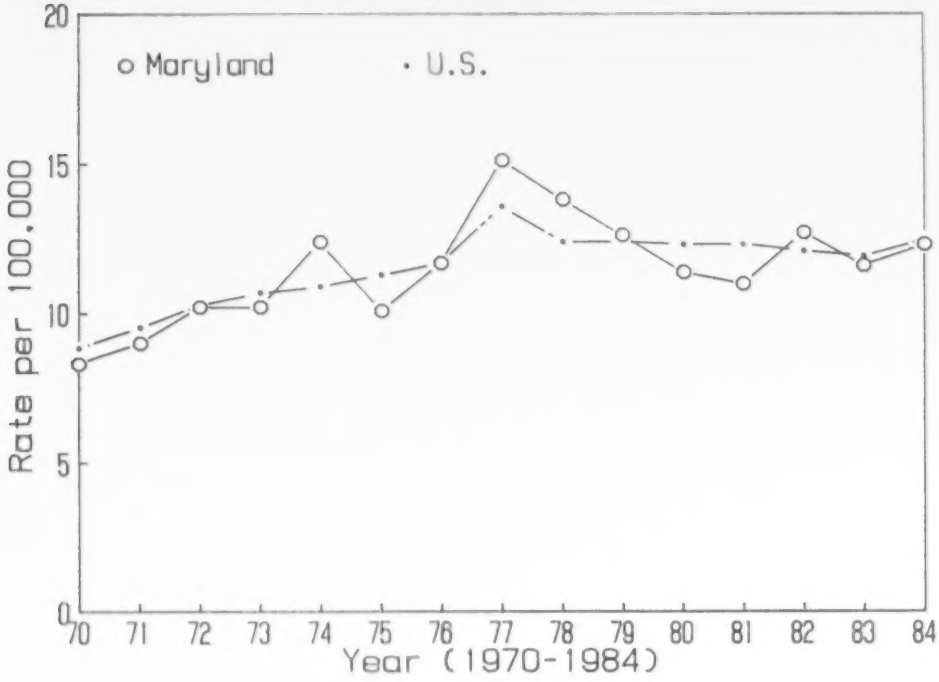
The beginning of preventing youth suicide is the establishment of prevention programs that are designed to teach young people to cope with their problems. These programs also need to include intervention and post-vention components. I have personally experienced the need for a program when a young man from my high school took his life this past fall. My county school system had established a program the previous summer. I saw the benefits of the program when the teachers, counselors, administrators, secretaries, and students helped one another cope with this loss. I did not know the young man, but I felt the pain along with everyone else. I hope that you do not need to experience this pain to feel the need for the establishment of youth suicide prevention programs.

We appreciate this opportunity to present our viewpoint.

Maryland State Department of Education 659-2000 200 W. Baltimore St. Baltimore, Maryland 21201-2595

Suicides in Maryland and United States

Ages 15 - 24



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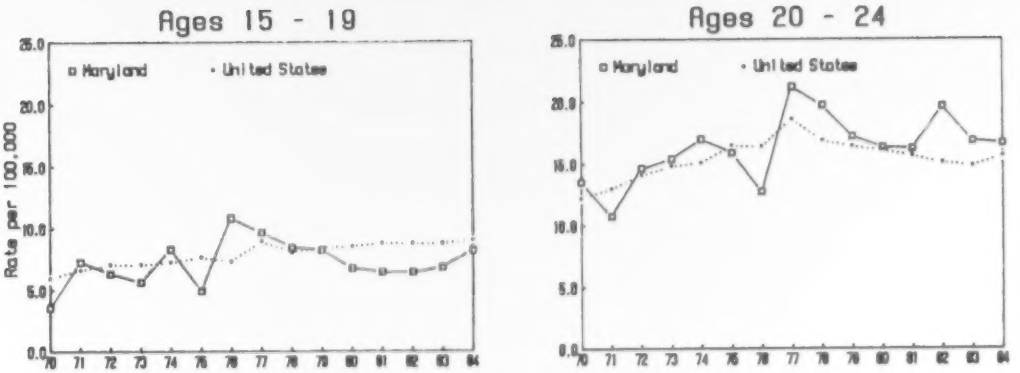
Suicide Rate by Age Group

Maryland and United States

1970 - 1984



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